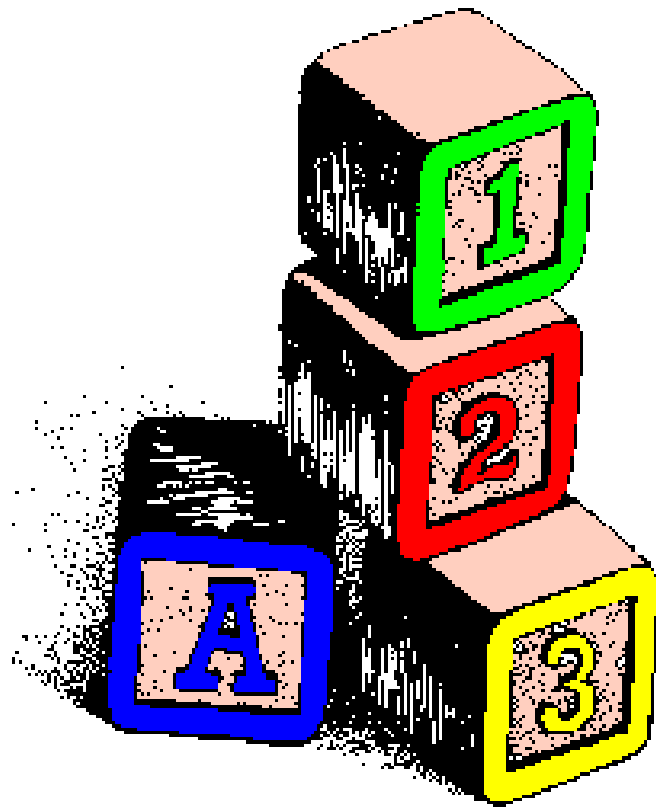


CALIFORNIA'S

CAR SEATS
ARE
KID STUFF!



A Step-By-Step Guide to Designing,
Implementing, and Evaluating Successful
Car Seat Projects

A PUBLICATION OF

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Branch

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In the Beginning...

Henry Ford launched the automotive industry with the release of the Model "T", in turn creating the field of automotive safety and a need for child safety seats, or car seats. In 1965, New Jersey pediatrician Seymour Charles, M.D. and Annemarie Shelness organized Physicians for Automotive Safety (PAS). That year, PAS picketed the International Auto Show to pressure manufacturers to design cars with better occupant protection. Today, safety advocates and concerned citizens alike continue to promote safety and prevent needless injury to children riding in motor vehicles. Community injury prevention projects that provide educational materials and car seats are becoming a popular and effective way to increase car seat use at the local level.

Car Seats Are Kid Stuff! was originally designed by the State and Territorial Injury Prevention Directors' Association as a tool for persons interested in implementing a child car seat project in their community, city, or state. The California Department of Health Services adapted this manual to include California-specific material, and to update changing issues.* This hands-on, how-to manual contains all the materials needed to develop, operate, and evaluate a successful child car seat project. Within this manual, you will find basic background and technical information about car seats, sample project and media materials, step-by-step guidelines for developing an area-specific car seat project, instructions and worksheets for performing simple evaluations, project checklists, car seat recall and manufacturer information, a complete all-you-need-to-know glossary of car seat project terminology, and much more. In short, California's Car Seats Are Kid Stuff! will be a useful resource for both beginning and advanced safety advocates, coordinating projects of all sizes and intensities, and is intended to create community success stories. Our goal is that by promoting successful community child car seat projects, we can ultimately protect all children, everywhere, one car seat at a time.

* Car Seat information changes constantly. So, you will need to update the technical information on a regular basis. Before utilizing this document, please contact California Department of Health Services Vehicle Occupant Safety Program at (916) 323-3611 to determine if you have the most recent information.

Section 1

What You Need to Know About Car Seats and Crashes

Background

For many, the type of vehicle we travel in is of enormous importance. It may appear to represent wealth and power, or command respect. Our choice of vehicles may also be a reflection of our personality or make a statement about our beliefs. All too often we are not nearly as concerned about the cargo we may be carrying inside the vehicle—our children.

Despite past efforts, motor vehicle crashes continue to be a major cause of death and injury for children of all ages. Some parents and caregivers feel immune ("It won't happen to my child") or remain uninformed to the extent of motor vehicle injuries among children ("I didn't know that"). The statistics, however, tell a different story. In a single year, approximately 1,270 children in the United States less than 7 years old will die as a result of a motor vehicle crash.⁵ In addition, another 76,000 children less than five will be hospitalized.² In California alone, approximately 44 children less than 7 years old died and another 678 were hospitalized in 1999.¹ In addition, more children die as occupants in a motor vehicle crash than from poisoning.¹

Children are especially vulnerable to injury during a crash due to their musculature and bones, which are soft and still developing. Injury to the head has been identified as a primary cause of death for children riding unrestrained or improperly restrained. Non-fatal crashes can also be devastating to children and families, resulting in serious injury (including head injuries), emotional trauma, painful bruises and broken bones, and life-long disabilities that may include diminished mental capacity and paralysis.

Causes of Injury to Unrestrained Children May Include

- being thrown into a windshield, dashboard, or other part of the car;
- being thrown against another passenger;
- being crushed by adults who are not wearing seat belts; or
- being thrown from the car.

Injury to an unrestrained child occurs a split second after a motor vehicle crash occurs, through a series of three individual events, called collisions. These collisions include: 1) the vehicle crashing into an object; 2) the unrestrained child colliding into some part of the vehicle's interior; and 3) the child's internal organs being propelled into other internal body parts. The laws of physics predict that all three collisions will occur at approximately the same speed because energy is never lost; it only changes form. In other words, the energy will be transferred from the vehicle to the child colliding with the vehicles interior, and then to the child's internal organs.

To illustrate:

A car travels off the road and crashes into a tree. The speed at impact is determined to be 30 miles per hour. From this information, we can expect that an unrestrained child would also collide into the dashboard, another person, or some part of the car's interior at 30 miles per hour. Likewise, the child's internal organs (including the brain) could be expected to be propelled and impact other internal body parts at a speed of 30 miles per hour, resulting in serious internal injury to the child.

Like measles or mumps, however, most motor vehicle-related injuries to children can be prevented. As with many childhood diseases, prevention of motor vehicle injury can be achieved through the use of a vaccine. This powerful injury prevention vaccine is a child car seat. Car seats have been found to be highly effective in preventing motor vehicle-related injury during a crash. Car seats work by 1) anchoring the child and restricting his/her movement during a crash, and 2) helping to absorb and minimize the impact from a crash. However, car seats can provide maximum protection only if they are installed and used correctly.

Correct Use of a Car Seat Can:³

- reduce the risk of death by 71 percent, and
- reduce the risk of serious injury by 67 percent.

Some studies suggest that only 25% of children 0 to 4 years old who are covered by Medicaid travel in car seats. In contrast, almost 75% of other children in the same age group are in car seats while riding in motor vehicles. In California, local surveys suggest that most families do own or have access to child car seats; but they are unlikely to use them correctly and consistently.

Informing parents, caregivers, and the general public about the need for car seat use is an important component to reducing motor vehicle-related injuries among children.

Opportunities to educate and instruct families include presentations to small groups or organizations, print or broadcast media, distribution of literature, web pages, one-to-one consultation through clinics, medical providers, and programs serving families with young children, or creation of community-based injury prevention measures (education, distribution programs).

Creation, enactment, and enforcement of motor vehicle restraint laws for children is essential. Car seat and booster seat laws, when enforced, can have a dramatic effect on the number of children riding in these restraints. For example, in California, as the child passenger restraint laws got stronger (e.g., Senate Bill 567, Chapter 675, Statutes of 2000). According to a Controlled Intersection observational Study by the National

Highway Traffic Safety Administration (NHTSA), car seat use by children under 5 years old was 91.7%.² The Institute for Traffic Safety Management and Research (ITSMR) and Fact Finders, Inc. conducted a survey of New York State licensed drivers that found only 89.9% of children under the age of four were always restrained.⁴ (A summary of California's Buckle Up Laws is provided as an appendix.)

In conjunction with California's very effective child restraint law, an ongoing need exists for individuals and organizations to promote car seat use and motor vehicle safety at the community level. Community-based injury prevention programs are key to motivating and mobilizing prevention efforts at the local level. Such movements can be very successful at: facilitating cooperation among community groups; meeting unique educational needs of individuals and the community; advocating for development, strengthening, and enforcement of car seat laws; teaching and reinforcing the correct use of car seats; and providing car seats free or at low cost for children and families found to be in need in the community. Community-based efforts have been found to be highly effective in serving the needs of the community and utilizing its resources.

In California, we are fortunate to have strong local level collaborations in many of our communities. Also, California has a statewide network, which supports and helps with coordination of child passenger safety activities across the state.

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- ¹ California Department of Health Services, Death Records; Office of Statewide Health Planning and Development, Fatal and Non-Fatal Injuries by Age Group, 1999.
- ² Traffic Safety Facts 1999: A Compilation of Motor Vehicle Crash Data from the Fatality Analysis Reporting System and the General Estimates System. Washington, D.C.: National Highway Traffic Safety Administration, December 2000; DOT publication no. (DOT HS) 809-087.
- ³ Kahane CJ. An evaluation of child passenger safety, the effectiveness and benefits of safety seats (summary). Washington, D.C.: National Highway Traffic Safety Administration, 1986; DOT publication no. (DOT HS)806-889.
- ⁴ Child Safety Restraint Study, New York Department of Motor Vehicles, 1998.
- ⁵ National Center for Injury Prevention and Control, Death Records; Center for Disease Control, United States Unintentional Injuries and Adverse Effects by Age Group, 1998.

Just the Facts

A Car Seat Information Fact Sheet

- ❑ In 2000, 104 children 7 years old and younger were killed in motor vehicle crashes in California. Of these, 48% were motor vehicle occupants.
- ❑ In California, approximately 26 children between the ages of four to seven died in motor vehicle crashes and 417 were injured in 2000.
- ❑ Many injuries occur during non-crash situations, when a child strikes the vehicle interior during a sudden stop, turn, or swerve. Non-crash injuries can be severe and are most common among unrestrained children one to four years old.
- ❑ A common cause of death and injury to children riding in vehicles is being crushed by adults who are not wearing seat belts. In fact, occupants being thrown into each other cause one out of five serious injuries to passengers.
- ❑ All child safety seats must meet federal motor vehicle safety standards which includes crash testing.
- ❑ All 50 states and the District of Columbia have laws requiring young children to ride in car seats.
- ❑ Car seats prevent serious injury or death in 7 out of 10 car crashes. Child safety seats reduce the risk of fatal injury by 71 percent for infants and by 54 percent for toddlers in passenger cars.
- ❑ A baby doesn't weigh much, but that changes in a crash or sudden stop. For example, during a 25 m.p.h. crash, a 12-pound baby will instantly feel like a 240-pound weight in your arms. Try holding onto that! You can't!
- ❑ The back seat is the safest place for your child while riding in a vehicle.
- ❑ Babies should ride rear-facing in a child car seat until they are at least one year of age and at least twenty pounds. The American Academy of Pediatrics also recommends keeping your child rear-facing until they reach the maximum rear-facing weight limit on the seat. For example: If your child is 25 pounds when he turns 1 year old and your car seat faces rear until 30 pounds, keep the child facing rear until the 30 pound limit.
- ❑ Rear-facing car seats must NEVER be placed in the front seat if your vehicle is equipped with a passenger air bag. This could result in serious injury or death to your child should the air bag inflate.

- From 1975 through 1999, an estimated 4, 500 lives were saved by the use of child restraints (child safety seats or adult belts). In 1999, an estimated 307 children under age 5 were saved as a result of child restraint use.

Sources: National Highway Traffic Safety Administration and the Children's Safety Network, Economics and Insurance Resource Center, and the California Highway Patrol, National Center for Injury Prevention and Control (CDC).

Types of Car Seats

If you are coordinating or assisting with a child car seat project, you will be looked upon by project participants as the prevailing car seat "expert." You will need to provide current information and accurate instruction to project personnel and participants. You may also be responsible for selecting the most appropriate car seat for the project. Therefore, you will need to be knowledgeable about the different types of child safety seats available and how they operate. The National Highway Traffic Safety Administration and the California Office of Traffic Safety have made available a standardized child passenger safety technician and technician instructor training. This training and hands-on experience is a must before you begin your child car seat program.

The following section is designed as a broad overview to introduce you to the different types of car seats. This list is in no way "all inclusive." The categories of car seats, models available, and "best practice" information change constantly. Please keep this caveat in mind as you review this section.

Child safety seats, or car seats, are available in an array of shapes, sizes, and colors, and are designed to work with the seat belt system found in most vehicles. In general, car seats can be divided into five types: 1) infant-only car seats, 2) convertible (infant-toddler) car seats, 3) forward-facing (child) car seats, 4) booster seats and 5) combination (child seat/booster). When children are tall enough for proper fit, vehicle lap/shoulder belts may be used. Most children need boosters until at least age eight. A brief description of each type of car seat has been provided below. In addition, Table 1 (page 13) summarizes each car seat method by height and weight guidelines, special features, and advantages and disadvantages. This information is based on an "average-sized" child and should be used only as a general guideline; each child is unique and should be "fitted" for a car seat accordingly. Each seating position in the car is also unique. Some children, such as those with certain health problems, may require a special car seat to meet their needs.

Infant-Only Car Seats

Infant-only car seats are smaller, more portable restraints designed for use by infants from birth until the child is about 20 to 22 pounds. This type of car seat must be installed facing the rear of the vehicle and adjusted to recline at a 45-degree angle. Infant car seats come equipped with a harness system, which consists of straps over both shoulders, a crotch strap, and, in some cases, straps across both hips. Be careful not to confuse an infant car seat with a household carrier, which is not designed for use as a car seat and will not protect the infant during a crash. Infant car seats should never be placed in the front seat of a vehicle that is equipped with a passenger air bag. The air bag deploys at speeds of

up to 200 miles per hour and can cause serious injury or death to the baby when the air bag hits the back of the car seat. A convertible car seat must be purchased before the baby outgrows the infant car seat (e.g., 20 to 22 pounds or when head is close to the top of the seat). While convertible seats are marketed for use by infants from birth to about 40 pounds, the infant-only seat may be a better fit—at least for the first few months.

Convertible Car Seats and Forward-Facing Car Seats

A convertible car seat can be used as both an infant and toddler car seat, making only one car seat purchase necessary. For infants, a five-point harness system is recommended. Convertible car seats need several important adjustments when changed from infant to toddler mode; shoulder strap slots, direction of the car seat, the angle of installation, and lacing of the seat belt. Convertible car seats are designed for children from birth to about 40 pounds. Convertible car seats should be installed facing rearward for infants until they are at least one year old and at least 20 pounds, and forward for children over one year old and under 40 pounds. A convertible car seat is heavier and bulkier than an infant seat, and may not fit smaller babies as well as an infant seat. Many convertible car seats have a padded tray shield or a flat, t-shaped shield connected to the harness. A five-point harness without a shield, provides better fit to a wider range of infants and toddlers. Some new convertible seat models are designed to meet the needs of big babies by accommodating weights up to 30 pounds rear-facing. As with the infant car seat, a convertible car seat used in the rear-facing position should never be placed in the front of a vehicle equipped with a passenger air bag. (Please note, some car seats are forward-facing only and should not be used for children under one year.)

Booster Seats and Combination Child Seat with Booster

Booster seats work best for children who are too big for a convertible seat, but are too small for a lap/shoulder belt only. Typically, this includes children about 4 to 10 years old who weigh about 40 to 80 pounds. Booster seats work by raising children up in the car, providing them with a better, and thus safer, seat belt fit. There are combination seats with a harness for children up to 40 pounds; then the harness is removed and the seat is used as a booster with the lap/shoulder belt. Booster seat options include:

Belt-positioning booster (BPB), helps position the vehicle lap and shoulder belt correctly. A booster also helps keep the child from slouching or sliding forward so his/her knees can reach the edge of the vehicle seat. Never use a BPB with only a lap belt.

BPB with a high back is best if your vehicle has a low seatback without a headrest. The BPB fit children 60-80 pounds or more. Some models have an internal harness for use as a conventional forward-facing seat for children over 3 years of age and under 40 pounds.

Removable shield booster The booster base may be used with the vehicle lap/shoulder belt. Boosters used with a shield are not recommended.

Seat Belts

The National Highway Traffic Safety Administration recommends that all children who have outgrown child safety seats should be properly restrained in booster seats until they are at least eight years old, unless they are 4'9" tall. Once a child is transferred to a seat belt it is critical that the seat belt be worn correctly. A lap belt should lie flat across a child's thighs, not his/her stomach; a shoulder belt should cross a child's shoulders, not across his/her face or neck. Typically, children four to eight years are not tall enough to be fully protected by a seat belt only.

"Special Needs" Car Seats

Some children have unique health care needs that require the use of a special car seat. These may include premature or extremely small infants, children with hip or spica casts, children needing additional head, neck, or body support, children who must lie flat, children with other orthopedic, neurologic, or behavior-related problems. Many children with special needs may use conventional safety seats up to 40 lbs. Some children with special needs may use standard car seats by altering the recline of the seat or using additional padding. However, misuse of a restraint system for a child with special needs could result in serious harm to the child. Therefore, it is suggested that the optimal method of motor vehicle restraint for children with special needs should only be provided or recommended by experienced medical professionals and persons trained in special needs car seats.

Some of the products available are: side-facing car beds for infants, a harness for children who must lie flat, large car seats or a harness for older children or adults, wheel chair and stroller bases for seats used at home and in the car.

Other Restraint Systems and Special Equipment

Other child passenger restraint systems (e.g., car beds, Y-harnesses, travel vests) may take the place of more traditional car seats. These alternative restraints may provide viable alternatives for certain children and motor vehicles.

Special equipment such as locking clips and tethers are available to help make the child car seat safer by improving the fit of the car seat in the motor vehicle. Be careful not to mistake these special safety products with other after-market products, which may compromise the effectiveness of the child car seat.

Table 1. Common Child Restraints

Type	Special Characteristics	Pros & Cons
Infant-Only Car Seat	<ul style="list-style-type: none"> ■ Birth to 20-22 pounds ■ Rear-facing in vehicle (never in front seat of vehicle with passenger-side air bag) ■ Recline halfway back (45 degrees) 	<u>Pros</u> <ul style="list-style-type: none"> ■ Less expensive ■ More portable ■ Better fit for smaller baby <u>Cons</u> <ul style="list-style-type: none"> ■ Must also buy convertible seat when baby outgrows ■ Larger baby may outgrow quickly
Convertible Car Seat	<ul style="list-style-type: none"> ■ Birth to approximately 40 pounds ■ Converts from infant to toddler seat ■ 5-pt. harness system recommended 	<u>Pros</u> <ul style="list-style-type: none"> ■ Cost less than buying both infant and toddler seat <u>Cons</u> <ul style="list-style-type: none"> ■ Harder to fit smaller baby ■ Heavier and not as portable
Forward-facing Only Car Seat	<ul style="list-style-type: none"> ■ Forward-facing only with harness ■ Child must be at least one year old (minimum weight varies) ■ Fits up to 40 lbs 	<u>Pros</u> <ul style="list-style-type: none"> ■ For best protection, keep child in a seat with a harness up to 40 lbs. <u>Cons</u> <ul style="list-style-type: none"> ■ Cannot be used for large infant
Booster Seat	<ul style="list-style-type: none"> ■ Start using at 40 pounds and at least three years old ■ Needed for kids until they fit in adult lap/shoulder belt correctly (usually at least up to age 8) 	<u>Pros</u> <ul style="list-style-type: none"> ■ Allows for better seat belt fit ■ Good option for kids who are too big for a convertible seat but too small for a seat belt <u>Note</u> <ul style="list-style-type: none"> ■ Boosters must be used with lap/shoulder seat belts
Combination Child Seat/Booster)	<ul style="list-style-type: none"> ■ Harness fits up to 40 lbs. ■ Remove harness for use as booster ■ Child must be at least one year old (minimum weight varies) 	<u>Pros</u> <ul style="list-style-type: none"> ■ Seat can be used for many years. ■ If baby fits in infant-only seat up to age one, may be possible to skip purchasing a convertible seat
Combination		<u>Cons</u>

Child Seat/ Booster (continued)		■ If baby reaches 20-22 lbs. before age one, this type of seat cannot be used until later (rear-facing convertible needed)
Seat Belt	■ For kids who fit the vehicle seat and belts (e.g., shoulder belt goes across shoulder, not face or neck; lap belt stays low and snug; child sits all the way back against vehicle seat with knees bent at edge of seat.)	<u>Pros</u> ■ Only option for some children <u>Cons</u> ■ Not adequate protection for many children who are not tall enough for proper fit

Answering Common Questions

What's the Difference Between an Infant-Only and a Convertible Car Seat?

Infant-only seats are specifically made for babies weighing less than 20 to 22 pounds. Infant seats may be less expensive, are more portable, and may provide a better fit for smaller babies. Once the infant seat is outgrown (20 to 22 pounds or head close to top of seat), a convertible seat must be purchased. Convertible car seats, are designed to function as both an infant and a toddler car seat, or from birth to about 40 pounds. Infants should be transferred from an infant-only to a convertible car seat before the weight or height limit is reached. Convertible car seats are heavier and bulkier, making them more difficult to carry and transfer from vehicle to vehicle.

Should the Car Seat Be Rear-Facing or Forward-Facing?

All newborns and infants should ride in rear-facing car seats as long as possible, at least until age one. In a crash, a forward-facing baby's head snaps forward, possibly stretching or breaking the spine. A rear-facing car seat is designed to absorb the impact from a crash across the back of the car seat to protect the baby's neck and spine. Toddlers can be switched from rear- to forward-facing when they reach at least one year of age and weigh at least 20 pounds.

Should My Child Ride in the Front or Back Seat?

In general, the rear seat is the safest place for your child to ride. If your vehicle is equipped with a front passenger air bag, your child must always ride in the rear seat of the vehicle when using a rear-facing car seat. This is because the air bag deploys at speeds of up to 200 miles per hour (even in low-speed crashes), causing the air bag to hit the car seat with a force tremendous enough to cause massive head injury. Infants in rear-facing car seats and small children who are unbuckled, loosely buckled, or just leaning forward in the front seat are positioned too close to the dashboard or air bag compartment.

The safest way for infants to ride in vehicles is in a rear-facing car seat in the back seat of the vehicle. The car seat should be properly attached with the vehicle's lap/shoulder belt. Children one to four years old may ride forward-facing in a car seat in the back seat of the vehicle. After outgrowing the convertible car seat (at 40 pounds), a child should ride in a booster seat until big enough (usually at least eight years of age) to be restrained with the vehicle's lap/shoulder belt in the back seat. If a forward facing child must ride in the front

seat, move the vehicle seat back as far as possible. Parents should read their vehicle's owner's manual for details on securing children in the vehicle.

What's the Difference Between a 3-Point Harness and a 5-Point Harness?

A 3-point harness system holds the baby into the car seat by straps attached at both shoulders and the crotch (three places). A 5-point harness system holds the baby or child into the car seat by straps attached above both shoulders, both hips, and at the crotch (five places). A harness/shield system has two shoulder straps attached to a shield, which takes the place of the hip straps, and a strap or piece of plastic between the legs. The 3-point harness is used only for rear-facing infant seats. Forward-facing car seats (convertible) are equipped with either the 5-point harness or a harness/shield system. The 5-point harness, is recommended for best fit at birth and as the baby grows.

What is a Retainer Clip?

The retainer clip, also called a harness tie, resembles a large, plastic paper clip, and is used to hold the car seat straps/harness securely in front of the child. The retainer clip should be lowered when moving the child in and out of a car seat, and returned to armpit level when the child is riding in the car seat. For best results, the car seat straps/harness should be adjusted so there is no slack. You should not be able to pinch the strap to make a fold or "tuck" in the fabric.

What is a Locking Clip?

Some vehicles are equipped with combination lap/shoulder belts that have a free-sliding tongue or latch plate (the part that fits into the square buckle). This type of seat belt system lets you move even after the seat belt has been clicked into place, yet it locks and holds you secure during a crash or sudden stop. If your vehicle is equipped with this type of seat belt, you may need to use a locking clip. A locking clip is included with a new car seat. A locking clip is attached to the lap and shoulder portions of the belt just above the seat belt latch plate. This allows you to pull the lap belt very tight and anchor the car seat securely into place. Be sure to read the car seat instruction manual to learn how to correctly use the locking clip.

All vehicles manufactured after September 1995 have a locking feature in the seat belt; read the owner's manual to understand how it works. In some cases, even a seat belt with a locking feature may not work, depending on the angle of the belt as it passes through the car seat belt path. (In that case, you may still need a locking clip.) Special "heavy duty" locking clips are needed for some seat belts and can only be obtained from vehicle manufacturers. Read the owner's manual carefully.

Should My Car Seat Be Reclined?

Newborns and young babies need to ride in a reclining position to keep the head from flopping forward. For most rear-facing car seats, the seat should be reclined to about 45 degrees (halfway back). Car seats used in a forward-facing direction should be installed in the vehicle in an upright (about 90 degrees) position. Please keep in mind, however, that these are general guidelines. Your child may have a medical condition or special need that requires different positioning of the car seat. Follow the manufacturer's guidelines for your particular seat, but also consult with your pediatrician, or occupational/physical therapist.

When Should My Child Use a Booster Seat?

Booster seats work best for children who are too big for a convertible seat, but are too small for a seat belt. Typically, this includes children about four to ten years old, weighing about 40 to 80 pounds or more. Booster seats work by raising children up to improve seat belt fit. Booster seats require use of both the lap and shoulder belt. Keep kids in booster seats until they are tall enough to be properly secured by seat belts. A car seat with a harness is usually more protective than a booster seat or a seat belt; keep your child in a regular car seat as long as it fits properly.

Should I Use a Locking Clip with a Booster Seat?

No. Do not use a locking clip if you use the booster seat with the vehicle lap and shoulder belt.

When Should My Child Use a Seat Belt?

Children younger than eight years old are typically not tall enough or do not weigh enough to be adequately protected by a seat belt only. The lap portion of a seat belt should lie flat across a child's thighs and not his stomach. The shoulder portion of a seat belt should cross a child's shoulders never his/her face or neck. The child's legs should be long enough to bend at the edge of the vehicle seat with the child sitting all the way back.

Is It Okay to Put the Shoulder Belt Behind My Child or Under the Arm?

The shoulder belt is not intended for use in this manner and could result in serious injury to the child, such as head injury or crushed organs caused by a misplaced belt. The shoulder belt provides the protection needed for restraining the upper torso.

What If My Vehicle Has a Passenger Air Bag?

All children ride safer in the back seat whether or not there is a passenger air bag. Never put a rear-facing car seat (those used for infants younger than one year) in the front seat of a vehicle equipped with an air bag. Air bags can inflate quickly with speeds up to 200 miles per hour. The force of the bag could hit the back of the car seat hard enough to cause serious injury or even death to your child. Always put a rear-facing car seat in the back seat of the vehicle, facing the rear of the car. If your vehicle is equipped with a passenger air bag, but does not have a rear seat, check to see if there is a manual cut-off switch (in some pickup trucks) or transport your infant in another vehicle. If it is necessary to have a forward-facing child in the front seat, make sure the harness or lap/shoulder belt is very snug. Always position the front vehicle seat as far from the dashboard as possible.

Are "Used" Car Seats Okay?

If possible, it is best to purchase a new car seat for the child due to frequent improvements in safety standards and product design. A careful shopper can find a convertible seat for under \$40. Also, many community programs exist to help low-income families obtain new car seats for a reasonable price. Only consider using a hand-me-down from someone you trust. Never use a car seat that has been involved in a crash. If you do decide on a used car seat, be sure to check that: 1) it is less than 10 years old; 2) it has the instruction manual or you can get a copy; 3) it has all parts and is in perfect working condition; and 4) it has not been recalled by the manufacturer. But beware, often the car seat's history is unknown and rarely are the manufacturer's instructions included. If the label with the date and model number is missing, do not use the car seat even if it looks fine. You would not be able to check to see if the car seat has had a recall.

What Is the Best Car Seat for Me to Buy?

There is no single answer for this question, due to the wide variety of available car seats, vehicles and restraint systems, and sizes and shapes of children. Ultimately, the best car seat for your child is the one that is most compatible with your vehicle and that provides the best fit for your child. Parents of children with special needs should consult with experienced medical professionals and persons trained in assessing special needs and working with special needs car seats, when selecting a car seat for their children.

The Issue of Misuse

In the past, car seat education and distribution programs have focused on increasing car seat use rates. Today, however, these same programs must emphasize not only the use of car seats, but also the correct use of car seats. In California, car seat inspectors reveal misuse rates as high as 99% with some car seats having four to five errors.

The functional aspects of fitting, adjusting, and operating a car seat can be complex even for an experienced Child Passenger Safety Technician. Misuse issues can include behavioral or educational factors, such as facing the car seat in the wrong direction or failure to buckle the child into the car seat. Misuse may also be related to the technical or hardware features of the car seat, such as the need to use a locking clip with certain seat belt systems or incompatibility between a car seat and a vehicle. Not all car seats are compatible with all vehicles, at times creating an unsafe fit or difficult installation of the car seat. Incompatibility may be related to differences in vehicle seat cushion width, depth, and angles, or the varying seat belt systems found in vehicles. Always check both the child car seat and vehicle owner's manuals.

Regardless of the cause, incorrect use of a car seat can drastically decrease its effectiveness. The best advice for the coordinator of a car seat distribution project is to obtain the proper training (i.e., NHTSA Child Passenger Safety Technician training), gain extensive experience, collaborate with other Child Passenger Safety Technician in your community, and keep up-to-date with newsletter subscriptions, conferences, and refresher classes. With time, training, and experience, you will become comfortable with the types of car seats available and how they are correctly installed, be familiar with known areas of misuse and learn how to seek further information as needed to answer questions and solve installation problems. Although many of these issues are only now beginning to be addressed, there are several areas in which misuse errors can easily be avoided or corrected. Common car seat misuse errors are outlined in Table 2 (page 22). Also, a sample **Car Seat Check Up** form has been provided in Section 3 (page 72) to assist with hands-on verification of correct use of car seats. If you plan to conduct detailed car seat inspections or provide technical training, you must successfully complete the NHTSA Child Passenger Safety Technician training, and achieve certification from the American Automobile Association (AAA).

Parent Education

Some kids just don't like to sit in a car seat, usually because they have been free to roam around the vehicle, or sitting in someone's lap. However, a child has more of a chance of being hurt or killed in a car wreck than from "almost" anything else. That's why it is important to educate parents about the potentially severe consequences (injury or death) of letting their children ride unrestrained in a vehicle. Parents should be encouraged to "be the boss" and insist their children ride "buckled" every time. If a child unbuckles his/her car seat, the parent should pull over to a safe place, stop the car, and talk to the child in a firm, serious voice, then buckle the child up again in the car seat. This should be repeated as often as needed until the child learns he/she is not allowed to ride without being buckled. Some parents are also concerned about letting their infants ride in the back seat of a vehicle in a rear-facing position because they cannot see their children.

Table 2. Common Car Seat Use Errors

General	<ul style="list-style-type: none"> ■ Car seat manufactured more than ten years ago ■ Car seat is damaged or known to have been involved in a crash ■ Car seat has been recalled ■ Car seat not being used according to instruction manual ■ Used car seat with unknown history
Installing the Car Seat	<ul style="list-style-type: none"> ■ Seat belt not threaded correctly through car seat ■ Car seat not buckled into the vehicle at all ■ Car seat facing the wrong direction ■ Rear-facing infant seat being used in front, passenger seat of a vehicle equipped with a passenger air bag ■ Seat belt not cinched tightly around or through car seat ■ Seat belt threaded through wrong belt path ■ Car seat not sitting at correct angle ■ Locking clip not being used when needed ■ Tether strap not being used when needed
Securing the Child	<ul style="list-style-type: none"> ■ Child too large or small for the car seat ■ Child not buckled in ■ Car seat harness/straps too loose ■ Car seat harness in wrong slots at shoulders ■ Car seat harness/straps placed incorrectly around the child ■ Car seat harness/straps not properly threaded through the adjuster piece ■ Car seat retainer clip not used or incorrectly placed ■ Child is bundled in blankets or clothing under harness/straps, causing harness to be loose and/or misplaced
Using a Booster Seat	<ul style="list-style-type: none"> ■ Lap only belt used with booster seat
Using a Seat Belt	<ul style="list-style-type: none"> ■ Seat belt not positioned correctly across the child

Suggestions for Selecting a Car Seat

Tips for parents...

Just like buying a pair of shoes or jeans, look for a car seat with the best "fit" for your child. Also, a car seat should meet all important safety qualifications and fit securely in the vehicle in which it will be used. Here are a few suggestions to keep in mind when selecting a car seat:

- ☐ Be prepared. Before selecting a car seat, you should consider where the car seat will be used in the vehicle and the type of seat belt system used in the vehicle (e.g., lap belt only or lap/shoulder belt, emergency locking retractor or automatic locking retractor). Review the owner's manual of your vehicle for information regarding the best car seat fit and the need for any supplemental equipment that may have to be ordered from the manufacturer.
- ☐ Take your child! If possible, put the child in the car seat and try it on for size. Your child might also enjoy picking the color, etc. and be more willing to use his/her special seat if he/she is involved in the selection process.
- ☐ Check the label to confirm that the car seat meets safety standards; the label should read "This child restraint system conforms to all applicable Federal motor vehicle safety standards."
- ☐ Check a current car seat recall list, call the Auto Safety Hotline at 1-800-424-9393 for more information or access web sites with up-to-date information about car seat recalls: <http://www.nhtsa.dot.gov> or <http://www.carseat.org>.
- ☐ Carefully read the instruction booklet with the car seat to find out how it should be used. Make sure your vehicle and the car seat selected are compatible.
- ☐ Save your purchase receipt and packaging material. If you find the car seat to be incompatible with your vehicle—TAKE IT BACK!
- ☐ Car seats range in price from about \$15 to \$220. The most expensive car seat is not necessarily the best car seat for your vehicle and your child.
- ☐ Special child restraints exist for children with special needs.

Section 2

Building Your Project

Project Components

Building a car seat project can be compared to building a house. Each brick works together to build strong, unique walls; each wall works collectively to support the roof; ultimately, the structure provides safety and protection for those it encompasses. Likewise, a car seat project should consist of a variety of groups and individuals who work together to build a unique injury prevention project to protect area children. The building blocks of a solid and successful car seat project should include the following ten components, each described in this section:

10 Components of a Successful Car Seat Project:

1. Utilize available resources
2. Create a coalition (work group) or a subgroup of an existing coalition
3. Complete a community needs and resource assessment
4. Select a target population
5. Set project goals and objectives
6. Develop an intervention plan
7. Determine project materials and guidelines
8. Train project personnel
9. Evaluate your efforts
10. Report your results

Once built, a well-rounded project should answer all questions regarding who, what, when, where, why, and how. To ensure completeness, a **Final Planning Checklist** has been provided at the end of Section 2.

Utilizing Available Resources

Developing and implementing a car seat project can consume considerable resources, including costs for staff, car seats, booster seats, paper, office supplies, advertising, educational materials such as brochures or videos, and printing—among many others. Typically, these resources are hard to come by. Getting the most for your money and thus for your project should be a top priority.

Car seats and other project materials can be acquired through a variety of sources, but commonly include grants, donations, and materials or services contributed at no cost (in-kind). Car seats can also be purchased directly from the manufacturer at reduced cost.

Non-financial support (in-kind or voluntary support) can include manpower, materials, public relation and advertising services donated by advertising agencies, printing services donated by a printing company, or donation of office space or equipment. Other support may also be available from local physicians, drug companies, local retailers, car dealerships, community groups, private citizens, local chapters of the American Red Cross and SAFE KIDS Coalitions, hospitals, health centers and clinics, Head Start and WIC programs, local traffic safety boards, PTA, and the media.

Staffing requirements will vary depending on the size and intensity of the car seat project, but should include at least one person working several hours per week as the lead coordinator for the project. Volunteers who are recruited into the project will probably do most of the work. A lead volunteer could also be designated to work directly with the coalition or primary agency in managing the project. Project personnel and volunteer workloads will typically be heaviest during the initial implementation of the project (when materials are being distributed) and during collection of data for project evaluation.

Space for office and storage of project materials will vary according to the project intervention selected, the types of services provided, the number of car seats or materials to be stored, the number of anticipated project participants to be gathered at once, training or education areas, and space to complete paperwork. Remember: Even a few child car seats will require a lot of space.

Potential Funding Sources

- ☐ Centers for Disease Control and Prevention (CDC)
- ☐ National Highway Traffic Safety Administration (NHTSA)
- ☐ Local SAFE KIDS Coalitions

- ❑ California Office of Traffic Safety
- ❑ State and local health departments
- ❑ Local businesses and private corporations or foundations
- ❑ Community service organizations

Suggestions for Using Resources

- ❑ Join efforts with existing groups in order to pool resources and minimize duplication of efforts (get lists of groups at local Chamber of Commerce). Lists of California's local health department child passenger safety coordinators and child passenger safety network are included in **Appendix D**.
- ❑ Make carefully planned, group decisions about how resources should be allocated, document how each penny is spent.
- ❑ Utilize students, volunteers, and other free labor for office-related help, collection of data, and distribution of materials when possible.
- ❑ Don't try to reinvent the wheel. Research and utilize materials that are already available (many for free).

Creating a Coalition (Work Group)

It is highly likely that there are other persons or groups in your community that share your concerns for children and safety. Therefore, it may be worthwhile to consider joining forces into a special project work group or coalition. This will help to maximize your efforts and the use of limited resources. For example, local chapters of such national organizations as the American Red Cross, Junior women's clubs, civic organizations, and hospital and medical society auxiliaries have become active in child passenger safety in recent years. Other national programs, such as the National SAFE KIDS Campaign and the Safe Communities or Kid's Plates Projects, can be joined or created at the local level to assist with project planning and implementation for this and other injury prevention projects. Many communities in California already have community-based organizations, law enforcement, or other agencies, which actively participate in child passenger safety or other injury prevention efforts. Persons participating should anticipate being involved in collecting data, record-keeping, publicity, fund-raising, distributing car seats and educational materials, and working directly with participating families.

Potential Coalition Members (Among Others)

- ☐ Active or caring community members
- ☐ Educators
- ☐ Members of local civic groups
- ☐ Personnel from local health departments
- ☐ Personnel from child care resource and referral agencies or centers or in-home providers
- ☐ Health care professionals, such as Doctors, Nurses, Occupational Therapists and Emergency Medical Technicians (EMTs)
- ☐ Members of law enforcement and fire department
- ☐ Representatives from state or local government
- ☐ Survivors or family members affected by a motor vehicle crash injury
- ☐ Representatives from American Automobile Association (AAA)
- ☐ Representatives from local insurance companies
- ☐ Nonprofit community groups such as Mothers Against Drunk Driving (MADD)

☐ Members of the local Safety Council and the SAFE KIDS Coalition

This core group of dedicated individuals can be the heart and soul of your project. The coalition members should make decisions regarding the direction and operation of the project. Ultimately, the real strength of such a community-based work group is that it can address the political, social, and economic conditions of the community in a way that would be difficult for a single individual or agency. When developing a work group, keep in mind that your project might benefit greatly from the sponsorship of at least one prominent individual, business, or organization. Also, the involvement of health care professionals and law enforcement will help lend credibility to your project.

Once established, a coalition will operate most effectively if there are rules or guidelines to direct decisions and membership. This can help to facilitate communication and cooperation, as well as help to ensure the smooth implementation of your project. Here are a few suggestions:

Sample Coalition Protocol

- ☐ The coalition should meet regularly, especially during the planning phase of the project, and provide reports of meeting activities.
- ☐ An individual should be elected or volunteer to mediate each meeting.
- ☐ A lead group or organization should be selected. The lead organization will usually be responsible for providing the majority of project support (i.e., staff, materials, money).
- ☐ Notes or minutes should be taken at each meeting and disseminated to members. This is a good way to keep track of project plans.
- ☐ All major decisions regarding the direction and operation of the project should be presented to and voted on by the coalition.
- ☐ The coalition may work best by dividing into smaller committees responsible for a particular aspect of the project such as publicity, fund-raising, or evaluation.

Conducting a Community Needs and Resource Assessment

The next step in building a community car seat project involves learning more about your community and the best means for implementing your project. Therefore, it is recommended that you complete a community assessment or survey. A community needs and resource assessment is simply an investigation, or review of your specific community. For example, it would consider the number of motor vehicle-related injuries in the community, as well as the resources available to help prevent or lessen these injuries.

Community Needs and Resource Assessment Can Be Used To:

- Confirm the need for a car seat project in your community;
- Confirm an interest by parents to obtain car seats;
- Confirm community interest in or desire for the project;
- Select the most appropriate target group for the project;
- Determine the most effective means of distributing project materials; and
- Recruit staff and resources for the project.

An assessment may be quantitative or qualitative in nature. Quantitative needs and resource assessment refers to the collection of "hard" data. You should gather as much data about local children and crashes as you can find. Local data sources, when available, are best because they reflect local aspects of an injury problem. Many areas have very different injury challenges due to the geographic, economic, cultural, and social characteristics of the community. Local data will allow your car seat project to be more in tune with the community's needs, objectives, and resources, and when possible, should be the basis for your car seat project. Data collection will also be the basis for your car seat project evaluation. Possible sources for collection of quantitative and qualitative data are presented in detail in [Section 3](#).

Qualitative needs and resource assessment refers more to the sentiment or attitudes of a community about car seats and injury prevention, as well as determining if a community has the necessary resources, desire, and/or commitment to undertake a successful car seat project. Qualitative data can also be quite useful, because quantitative data cannot necessarily determine the concerns of the people in your community or what compels them to act. For example, to gain a thorough understanding of the community, it may be necessary to survey residents to confirm an interest in and support of this type of injury prevention project. Also, this is a good opportunity to assess existing services and their

providers as to current efforts that might be expanded or modified to operate in conjunction with your developing car seat project.

Again, you will learn more about the collection of data in Section 3—**Ready, Set, Evaluate!** A sample **Community Needs and Resource Assessment** is also provided on page 32. In developing a specific, targeted community car seat project, an assessment such as this should be used as a tool, in conjunction with other data collected about the project community.

Sample Community Needs and Resource Assessment Survey

- ☐ What is the total population of the project community?
- ☐ What is the population of children in the project community (that your program will be targeting or are considering targeting)?
 - children under 1 year
 - children 1-4 years
 - children 5-9 years
 - other age group
- ☐ What is the ethnic breakdown of the project community?
 - African American
 - Caucasian
 - Other
 - Native American
 - Hispanic
- ☐ What area or neighborhoods in the project community contain the most children?
- ☐ What area or neighborhoods in the project community have the highest rates of injury (especially motor vehicle-related)?
- ☐ Does a particular group of children in the community appear to be at highest risk?
- ☐ What area or neighborhoods in the project community have the lowest use of car seats?
- ☐ Have there been/are there car seat or injury prevention projects in the project community?
- ☐ Has there been strong support or opposition to car seat or safety-related projects?
- ☐ What mechanisms or systems are already in place that would easily support most aspects (i.e., storage, distribution, manpower, etc.) of a car seat project?
- ☐ What resources exist in the community that could provide assistance to a car seat project?
- ☐ What groups, agencies, businesses, or individuals might be interested in participating in a car seat project?
- ☐ What features (i.e., geographical, cultural, etc.) are unique to your community that could distinguish or enhance a car seat project?
- ☐ What local celebrations or events could be utilized in conjunction with a car seat project?

Selecting a Target Group

Although it would be much simpler to randomly provide car seats or to educate the public in general, it is not the most effective means of implementing your project or protecting community children. The best approach is to determine a target group (also called target population) based on need (e.g., low income) and available resources. A target group is the specific group of persons in your community on which you intend to focus your project efforts. For example, the target group could include a particular neighborhood or ethnic group. The target could also be identified through participation in local programs such as county health department well-child or WIC clinics, Head Start, or Aid to Families with Dependent Children (AFDC) programs. The target group should include the children and families you want to participate in your project. Once you have completed your community needs and resource assessment (both quantitative and qualitative), you should be able to readily identify the target population for your project. By clearly defining this target group, you will be focusing your efforts where they are most needed and wisely using limited resources. You will also be laying the foundation for a successful project evaluation. Children birth through four years old from low-income families are frequently targeted for car seat project interventions. Factors to consider when selecting the best target population for your project are given below, in addition to five sample target populations.

Factors for Selecting a Target Group

- ☐ What is the age, gender, or ethnicity of children found to be at highest risk of motor vehicle-related injury?
- ☐ Is there an area of the community found to contain children at highest risk for motor vehicle-related injury?
- ☐ Is there a low-income area of the community where individuals are unable or unwilling to purchase car seats?
- ☐ Have individuals/organizations shown interest in the project?
- ☐ Is a current program or mechanism already in place for the most effective distribution of car seats and/or education?
- ☐ Are there a number of car seats and materials available for distribution?
- ☐ What recommendations or requirements do project funders have?
- ☐ Does your organization have the capability to deal with the cultural and linguistic issues of your target population?

5 Sample Target Populations

1. All children less than five years old who currently reside in Sample City.
2. Children zero through three years old who live in Sample City and are enrolled in a preschool or child care program.
3. All newborns living in Sample County.
4. All children zero through eight years old who reside in a low-income housing complex in Sample City.
5. Parents of children who meet the income eligibility requirements for federal assistance programs such as WIC or Head Start.

The specific target population that is designed for your car seat project can be broader or narrower than the example target populations listed above. The important thing to remember is that the best target population is based on the unique needs and resources of your community.

Setting Goals and Objectives

Before you can devise a plan of action for your project, you should establish exactly what you hope to accomplish through your efforts. This is achieved by clearly stating your project's goals and objectives. Project goals and objectives should guide you through the rest of the project-planning phase. Project goals and objectives will also be used during project evaluation, by comparing actual project results to those anticipated. Therefore, it is suggested that goals and objectives be kept as meaningful and realistic as possible.

Goals are general statements about the long-term changes a project is designed to achieve. This is the component of a car seat project that prescribes the realistic, overall direction or intent of the project. Objectives are statements of desired change in terms that are measurable, time-framed, and specific to a chosen target population. Objectives detail how a car seat project will achieve its goals and how it will measure its success. Many car seat project plans include: activities and objectives that address community awareness of the magnitude of motor vehicle-related injuries among children; programs designed to manage these injuries; and changes in risk-taking behaviors, public policy, the physical environment, and attitudes of the community.

Sample Project Goals

- ☐ Reduce motor vehicle-related deaths among children zero through six years old.
- ☐ Reduce motor vehicle-related injuries among children zero through six years old.
- ☐ Increase the correct use of car seats among community children.
- ☐ Increase community involvement and collaboration in activities relating to the prevention of childhood injuries.
- ☐ Increase enforcement of car seat laws in the community.
- ☐ Create a community environment where nonuse or misuse of car seats is the exception not the rule.

Sample Project Objectives

- ☐ Increase car seat use among community children zero through four years old by 10% in a one-year period.
- ☐ Decrease motor vehicle crash-related injuries to children under six years old by 25% in a three-year period.

Tasks (Activities) to Achieve Project Goals and Objectives

- ☐ Assess the community's human, financial, and material resources that are available.
- ☐ Distribute 100 car seats/booster seats free of charge to eligible families during a six-month period.
- ☐ Establish a standardized method for verifying correct installation of the car seat by project staff.
- ☐ Develop a community specific fact sheet and brochure prior to implementing the project.
- ☐ Provide car seat education classes through local hospitals to women giving birth.

The easiest step is usually determining the project goal; these tend to fall in line with what brought you to this point in the first place. Project objectives are not as straightforward and require more attention. Each car seat project should have at least one goal and several objectives. Once goals and objectives have been determined, you should consider what steps or methods will be needed in order to achieve them. This will be the basis for your project intervention. The following worksheet has been provided to assist in determining your project goals and objectives.

Worksheet: Goals and Objectives

Step 1. List problem(s)/challenges that you would like to resolve or improve. Example: Increase car seat/booster seat use among low-income families.

Step 2. List strengths or assets that exist in the community. Example: Our community has many potential partners such as law enforcement, childcare, and schools, and has many potential financial supporters such as insurance companies.

Step 3. Describe the group of people in your community that are affected by this problem. Example: Hispanic children are most likely injured in motor vehicle crashes in Sample City.

Step 4. Based on responses in 1, 2, and 3, derive a preliminary, general goal for the project, remembering that a goal is usually long-term. Examples: Decrease the number of children injured in motor vehicle crashes. Increase the number of children correctly secured in car seats/booster seats.

Step 5. List several possible objectives that would be needed to achieve this goal, remembering that objectives should be measurable. Example: Increase car seat use among Hispanic families with children less than six years old by 15% in a one-year period.

- Step 6. Outline the primary tasks that would be required in order to meet each objective, within a certain timeframe. Examples: Conduct a community assessment (e.g., observational study) to determine how many children ride unrestrained or improperly restrained. Conduct several car seat check-ups to determine how many children are improperly restrained. Create a community collaborative with all the interested partners (e.g., health department, law enforcement, child care, courts, schools, PTA, health care, etc.) and develop the project together. Conduct car seat educational programs in collaboration with community clinics, hospitals, etc., and distribute car seats to low income families in conjunction with the education. Create a social marketing plan around child passenger safety.

- Step 7. Complete assignments for each of the tasks. Examples: Frank will contact potential collaborators to see if they want to participate in collaboration. Nancy will contact police chief to determine if car seats can be distributed by police officers when drivers are stopped because young children are not restrained.

Developing Project Interventions

A car seat project must include at least one, and usually several, methods of intervention. Intervention refers to the “plan of action” or “methods” by which you are attempting to achieve your project goals and objectives. This will be the basis for your car seat project and the heart of services and materials provided. The results of the community needs and resource assessment should also be considered when developing your project intervention in order to develop the best plan for achieving your stated goals and objectives, given the available resources. Five sample project interventions are given below (but do not be limited to these). Successful car seat project interventions typically include a combination of education, delivery of car seats (free or low-cost), and enforcement of car seat laws.

Sample Project Interventions

- ❑ Make parents more aware of the need for children to ride protected in a car seat by implementing a focused, all-out local publicity campaign for six months.
- ❑ Increase the knowledge, attitude, or behavior of parents by requiring car seat and other safety education for families participating in health department programs or for new parents prior to being discharged from the hospital.
- ❑ Increase the correct use of car seats in the project community by providing no-cost car seat check-up events, which involve identifying the car seat use error, correcting the car seat misuse, and instructing the parent or caregiver.
- ❑ Increase the use of car seats by implementing an “incentive” car seat project in which vehicle occupants are rewarded for correctly restraining children.
- ❑ Increase the availability of car seats by selling at low cost or providing at no cost to families in need.

Common Car Seat Distribution Methods

1. Distribution of car seats at no charge

Free car seats are as popular as you would imagine, ensuring high levels of project participation. Due to increased costs to the project, however, this may result in fewer car seats available for community children. Special rates for bulk purchases of car seats are offered through some companies. Local groups and businesses may also donate car seats.

2. Distribution of car seats at a reduced cost

Offering car seats at reduced cost (i.e. \$5-\$20) is also an effective method for distributing car seats. This method is preferred by many (as opposed to the first option) because they feel that a car seat that is purchased may be used and appreciated more than one that is free. Money that is collected by selling car seats may also be recycled back into the project for purchase of more car seats.

3. Distribution of car seats on a sliding-fee scale

Similar to reduced cost, car seats may be distributed on a sliding-fee scale. A sliding-fee scale is a method of charging the participant based on their ability to pay.

Typically, sliding-fee scales are at rates much below those found in retail outlets. As with car seats at reduced cost, money collected may be recycled back into the project for purchase of additional materials.

4. Car seat loaner programs

Car seat loaner programs involve the "renting" of car seats with the expectation that they will be returned in good shape. Unfortunately, this is not always the case. Loaner programs are not being offered as much any more because of liability issues (e.g., issuing a previously used car seat that may be damaged or unsafe).

5. Car seat voucher programs

Car seat voucher programs involve developing a relationship with one or more local retail stores (e.g., Target, Wal-Mart, Toys R Us, etc.) whereby the retailer agrees to exchange a voucher (paid for in advance or in arrears by the local health department) for a car seat in their store. So, when parents receive a voucher from the local health department, they can go to the retail store and exchange the voucher for a car seat. The voucher program reduces the local health department's need for storage and promotes an opportunity to establish a relationship with local retailers.

Please refer to Recommended Criteria for Bulk Purchase of Child Restraints on pages 45-46 and Sample Shipping, Receiving and Distribution Guidelines on pages 46-47.

Worksheet: Project Interventions

List Possible Intervention Strategies

1. _____
2. _____
3. _____
4. _____
5. _____

Some Factors to Consider

- ☐ Are there special grant or funding requirements, which should be included in the project intervention? (Please list.)

- ☐ Which intervention(s) are best suited to the project's goals and objectives and would be most effective?

- ☐ Which intervention(s) would best serve the target population?

- ☐ Which project intervention would require the most or least time, manpower, paperwork, storage space, or materials, etc.?

- ☐ Do we have the resources (i.e., human, material, financial) to meet the needs of the intervention? What are some of the existing resources in our community that we could access?

- ☐ Do materials already exist that would be appropriate and effective for the intervention? (Contact the California Child Passenger Safety Materials Review Committee via the California Department of Health Services Vehicle Occupant Safety Program at (916) 323-3611.)

- ☐ Do we need an intervention that will be self-replenishing (i.e., sell car seats)?

- ☐ Do we have the technical expertise (i.e., a Child Passenger Safety Technician) needed for an intervention?

Final Project Intervention Strategies

(Provide as many details as possible.)

Developing Project Materials and Guidelines

Use of a wide variety of community and project-specific materials and guidelines will be important for successful implementation and participation in your injury prevention project. Unique project materials, such as public service announcements and flyers announcing the availability of car seats, will help to inform the community, peak interest in the project, and ensure participation in the project. Additionally, guidelines tailored to the needs of your project will be useful for facilitating a consistent and much less stressful implementation of the project. For example, guidelines may be developed for: 1) determining eligibility; 2) receiving and requesting materials; 3) distribution of materials; and 4) completing applications, forms, or logs. Sample project materials and guidelines have been provided on pages 48-55.

Sample Eligibility Requirements

- ☐ Participants in health department or Indian Health Service maternity clinics
- ☐ Parents of children four years of age and younger participating in Health Service WIC clinics
- ☐ Families with children less than five years old living in Sample County and whose yearly income is such that they would qualify for public assistance such as food stamps
- ☐ Any child less than five years old who is a current participant or eligible to participate in the local Head Start program
- ☐ Hispanic families with children under five years old
- ☐ All parents with newborns leaving the hospital in Sample City that do not have a car seat

Recommended Criteria for Bulk Purchase of Child Restraints

Basic guidelines

- ❑ All child restraints manufactured or distributed in the United States must be certified to meet Federal Motor Vehicle Safety Standard 213.
- ❑ Specify in purchase orders that all seats shipped must be no more than a few months old (check date stickers when received). Reasons: old stock may not be certified for the same weight range as current models; some child restraint manufacturers stamp an "expiration date" (e.g. five years) on their products; warranties for broken parts may not be honored after only two years.
- ❑ Fabric covers should be easily removed and machine washable; vinyl covers are more likely to rip or crack.
- ❑ Two-part plastic retainer clip may help keep shoulder straps in place for a toddler with busy fingers.

Infant-only seats (birth to 20-22 lbs.)

- ❑ Certified for use up to 22 lbs. (some seats have higher weight limits-see Manufacturer instructions).
- ❑ Two sets of shoulder strap slots for best fit with small or large infants.
- ❑ Two crotch strap locations for best fit with small or large infants (only available for 5-pt. harness; 3-pt. harness is acceptable, but harness may not fit as snugly for newborns).
- ❑ Suggestion: Choose an infant seat that may be used with or without removable base. Order most seats without base for best price; also order a few bases to be used as needed to achieve tight fit as needed in certain vehicles. Some infant seats come with head support, which should not be confused with the after-market products that are available for someone to purchase and add later.

Convertible seats (birth to 40 lbs.)

- ❑ Certified for use up to 30 lbs. facing rearward (at least eight models available so far), and one model available for use up to 35 lbs.; all current convertibles are certified up to 40 lbs. forward facing.
- ❑ Five-point harness system (no shield) for best fit as child grows (A-lock mechanism in front of seat).
- ❑ For low-birth weight babies, the American Academy of Pediatrics (AAP) recommends lower shoulder strap settings that are 10" or less from the bottom of the car seat (child's buttocks).
- ❑ Two crotch slot locations best to fit children of all sizes; AAP recommends distance from back of seat (child's buttocks) to crotch strap 5 $\frac{1}{2}$ " or less if used for low-birth weight babies.
- ❑ Top tether strap for forward-facing use (available to order or included).

Combination child seat/boosters

- ☐ All models have a harness, which fits up to 40 lbs.; vehicle lap/shoulder belt required after 40 lbs.
- ☐ Do not use a combination child seat or booster seat (e.g., a child safety seat that only faces forward) for children under one year of age. Children should remain in a convertible seat until outgrown (height/weight).
- ☐ Child may be moved to this type of seat so the convertible can be given to new sibling; also good for tall, thin children under 40 lbs. whose shoulders are above top strap slots of convertible seat.
- ☐ Top strap slots should be at least 16" from bottom of seat (child's buttocks).

Booster seats

- ☐ Suggestion: Order boosters both with and without high back to achieve best fit in a variety of vehicles. Boosters with back are needed if vehicle seat back is low or to help keep younger children who fall asleep in position. Boosters without back may be best for older children who object to using a "baby seat" if vehicle seat back is high enough to support head.
- ☐ Other considerations: Maximum weight for current boosters ranges from 60 to 100 lbs., but average child weighs 80 lbs. when he or she is tall enough to use lap/shoulder belt alone. Some boosters are too narrow for children with wide hips or shoulders. In addition, Consumer Reports addressed the issue of comfort clips (the shoulder belt positioners on booster seats) because they felt these clips introduced too much slack into the shoulder belt when the child leans forward. Consumer Reports was also concerned that certain brands of boosters allowed the lap belt to sit on the child's abdomen instead of their upper thighs or hips.

Sample Shipping and Receiving Guidelines

1. Car seats will be shipped directly from the manufacturer. Upon receipt of materials, check the order with the shipping ticket to make certain your order is correct. Sign the ticket and send copies to (name/address) .
2. Distribution sites can request additional car seats and materials by contacting (name) at (phone) .

Sample Distribution Guidelines

1. Determine if the family is eligible to participate.
2. Only distribute one car seat per eligible child.

3. The vehicle in which the car seat will be used must be present and equipped with operational seat belts.
4. Do not distribute more car seats than can be used safely in the vehicle.
5. For liability reasons, car seats may only be distributed to parents or guardians of eligible children.
6. Complete an application/liability form for each eligible child. The parent must sign this.
7. Have the family participate in the appropriate educational component (i.e., presentation, video, demonstration) regarding correct use of car seats.
8. Distribute assigned educational materials (i.e., pamphlets and instructions).
9. Have the participant complete the warranty card (program should mail the card).
10. Remove the car seat from the box and check for the manufacturer instructions, locking clip, broken parts, etc.
11. "Tag" the car seat with the appropriate identification marker on the left, lower side of the car seat base to prevent recipients from trying to "return" the car seat to a retail store for a "refund."
12. Work with the parent or guardian to install the car seat directly into the vehicle.
13. Record the important information from the forms or applications into the logbook.
14. Send copies of forms or applications to the lead agency at predetermined intervals.
15. Refer all questions to (name) at (phone) .

SafetyBeltSafe USA provided this information.

Sample Distribution Checklist

To: All Project Staff Distributing Car Seats

Please remember to complete each step before issuing a car seat.

- ☐ Confirm that all eligibility guidelines have been met.
- ☐ Confirm that the participant has a vehicle with the correct number of operational seat belts.
- ☐ Have the participant read and complete an application form for every car seat that is distributed, even if several car seats are being issued to one family.
- ☐ Provide the participant with a brochure and a fact sheet.
- ☐ Assist the participant in viewing the educational video.
- ☐ Have the participant complete an educational evaluation form.
- ☐ Update the car seat inventory log with:
 - the name of the child/children receiving the car seat.
 - the number of car seats distributed.
 - the number of the corresponding application.
- ☐ Give the participant a hands-on lesson about the car seat, being sure to solicit and answer all questions.
- ☐ Adjust the straps of the car seat to fit the child.
- ☐ Demonstrate how to install the car seat into the vehicle while offering explanations to the parent/guardian. Then, have the parent/guardian install the car seat.
- ☐ Provide manufacturers' instruction booklets.

Sample Car Seat Inventory Log

Date	Amount Received/ Distributed	Name Received/ Distributed	Balance Remaining
Mar. 1, 96	Initial 100 car seats received	State Health Department	100
Mar. 3, 96	1 car seat distributed	Gunnar Jones (Application #310)	99
Mar. 5, 96	1 car seat distributed	Stacey Stidham (Application #311)	98
Mar. 6, 96	2 car seats distributed	Jordan and Kaylee Douglass (Application # 312-313)	96
Mar. 10, 96	25 car seats received	Local Safe Kids Campaign	121

*You may wish to add more detail (e.g. model number, manufacturer date) to the Inventory Log.

Sample News Release

So you say that you can't afford a car seat? No problem. Low cost car seats and education on correct use are available to families in need at (locations). (Community) residents now have no excuses for not protecting their children from a leading threat to a young child's life—motor vehicle crashes.

"Motor vehicle crashes are a leading cause of death among young children," said (spokesperson). "Car seats can prevent 67 to 71 percent of serious injuries and deaths among young children involved in motor vehicle crashes, yet many young children continue to ride unrestrained in motor vehicles."

(Spokesperson) said a common excuse for many families not using a car seat is that they cannot afford the cost of the seat. Through (name of project), families can now obtain a car seat in (city or community) at low cost. The car seats fit (customize to your specific seat). Families wanting more information about the car seats can call (phone).

(Spokesperson) said that although a parent's arms are usually a very safe place for a child, this is not true when riding in a vehicle. The only safe place for a young child is in a car seat. Studies have shown that even at low speeds of 15 miles per hour, it is impossible for an adult to hold onto a child and prevent them from striking the dashboard or being thrown from the vehicle during a crash.

"Protecting a child is a parental responsibility," (spokesperson) said. "We wouldn't let a child play in the street or with matches. The same concerns should be expressed when it relates to a child traveling in a vehicle."

###

Sample Public Service Announcements

CONTACT: _____ (Spokesperson/Organization)

_____ (Phone)

:30

ANNOUNCER: Motor vehicle crashes are a leading cause of death among young children, yet many children are not protected when riding in motor vehicles because they are not riding correctly in a car seat. Low cost car seats and education are now available through (group) to families in need at (location). (Group or project) is a partnership of (groups), (groups), and (groups). For more information about how to receive a car seat, call (phone).

#

CONTACT: _____ (Spokesperson/Organization)

_____ (Phone)

:10

ANNOUNCER: There's no excuse for not protecting your child in a motor vehicle. For information about how to receive a low cost car seat and education, call (location) at (phone).

#

Sample Editorial

"But I can't afford a car seat." "My child is safer in my arms." "My child doesn't like to ride in a car seat." There are many excuses for not protecting your child in a motor vehicle, but none of them are valid when it comes to your child's life. The facts are that motor vehicle crashes are a leading cause of death among young children and that car seats are the best way to protect an infant or young child riding in a motor vehicle because they are 67 to 71 percent effective in preventing serious injuries and death.

Through the efforts of (name of groups), LOW COST car seats and education are currently available to families in need in (state or community). The car seats fit newborns and children up to 40 pounds and are available at (locations). Families wanting more information about the car seats should call (phone).

Although a parent's arms are usually a very safe place for a child, this is not the case when riding in a motor vehicle. The only safe place for a child riding in a car is in a car seat. Studies have shown that even at low speeds of 15 miles per hour, it is impossible for an adult who is buckled into a seat belt to hold on to even a 17-pound child and prevent the child from striking the dashboard or being thrown from the vehicle during a crash. If the adult is not wearing a seat belt, the child will hit the dash or window on one side and get crushed from the other side by the adult. A crash at only 30 miles per hour would throw a 10-pound baby who is not buckled into a car seat forward with a force of 300 pounds. That's like throwing your child off a 3-story building.

Children probably won't like riding in car seats unless they are taught to ride in them at an early age or from birth. The best way to teach children to ride in the seats is to use them regularly—every time they ride in a car, even on short rides. Children who ride in car seats without exception get used to it and accept it, and are more likely to wear seat belts when they are older. To help children get used to the car seat, take along toys and snacks and play music as rewards for staying in the seat. Explain to the child in simple words why he or she must ride in a car seat. Also, always wear your seat belt; children imitate what they see.

Protecting your child is a parental responsibility. There should be no excuse for not protecting your child in a motor vehicle.

Sample Car Seat Flyer



Thursday May 24, 2001

AAA and ABC7 invite you to participate in Buckle Up Around the Bay on Thursday, May 24 at various locations throughout the Bay Area.

To participate in your area, you must call (877) CAR-SEAT to make an appointment. Each inspection will take approximately 30 minutes. Locations around the bay include Sunnyvale, Pleasant Hill, San Francisco, San Rafael, Oakland, Daly City and Dublin.

ABC7 and AAA are strongly committed to assuring the safety of all families and children in the Bay Area.

Thank you to all of our Bay Area Child Passenger Specialists:

Alameda County Safe Kids Coalition
Buckle Up Baby
Children's Hospital Oakland
Contra County Nurses and Cops Caring
Daly City Police Department

Dublin Police Department
Marin County Car Seat Program
San Francisco Safe Kids Coalition
San Francisco Police Department
Santa Clara/San Mateo Safe Kids Coalition

Other Project Considerations

Training

If car seats and materials are to be used or distributed as part of your car seat project, all project personnel and volunteers should be knowledgeable about the correct use and installation of car seats, booster seats, and seat belts. Many training curricula and programs have been developed to address these and other issues (e.g., NHTSA Standardized Child Passenger Safety Technician training). Some key car seat training issues to consider are offered below.

Key Elements of Car Seat Training

- ☐ Background information about car seats and crashes
- ☐ Types of car seats available
- ☐ Selection of the best car seat for a child
- ☐ Correct installation of the car seat into a vehicle
- ☐ Properly securing the child into the car seat itself
- ☐ Common car seat use errors
- ☐ Parenting issues

Liability Issues

The reality is that you can't be too cautious. The issue of liability is a reality. Liability should be a consideration for projects of any size and content. To protect yourself and those you are associated with, seek legal advice prior to planning and implementing any injury prevention project. Attorneys may be available through sponsoring organizations. If not, ask for in-kind donation of services to eliminate use of project funds. A sample liability statement has been included in the [Sample Car Seat Application Form](#) on page 65. Most car seat manufacturers will provide insurance coverage for programs, which purchase their products. They also have sample forms for programs.

The Importance of Law Enforcement

Strengthening car seat laws has been a priority for those committed to protecting children riding in vehicles. That's because car seat laws work to increase car seat use, thus reducing

serious injuries to children. To be effective, however, these laws must be enforced. Enforcement is a critical factor to compliance. Do what it takes to enlist and involve community police and others in all phases of your project.

Suggestions for Working with Law Enforcement

We take for granted that law enforcement personnel understand the importance of using car seats. However, car seat programs should include training programs for law enforcement about the importance of enforcing car seat laws, as well as how to correctly install a car seat in a vehicle.

Additionally, law enforcement personnel may be opposed to issuing citations for not using car seats (especially in smaller communities where the officer is more likely to know the offender). To encourage enforcement and increase voluntary compliance, get key members of the community involved. Ask community leaders to talk to the local police chief, officers, and deputies to show there is strong support for enforcement of the child restraint law. Start with a local public awareness and education campaign, including a warning that parents and other drivers will be ticketed if they fail to protect children by buckling them up in the appropriate car or booster seat.

Final Planning Checklist

Plan Component

Yes / No (✓)

WHO

The plan answers specific questions about WHO:

- who will benefit from the project?
- who will be coordinating the project?
- who will be distributing the services and materials?

WHAT

The plan answers specific questions about WHAT:

- what do we hope to accomplish?
- what intervention(s) will be used to reach our goals?
- what materials will be needed for the project?
- what resources are available for the project?

WHEN

The plan answers specific questions about WHEN:

- when will the project begin and end?
- when are materials and services to be provided?
- when are reports to be completed?

WHERE

The plan answers specific questions about WHERE:

- where will distribution of services and materials take place?
- where will management of the project take place?
- where will storage of materials take place?

WHY

The plan answers specific questions about WHY:

- why do we need this project at this time?

Section 3

Ready, Set, Evaluate!

Why Evaluate, Anyway?

You might be asking "Why do I need to evaluate my car seat project?" Good question. Simply put, data collection and evaluation are essential to ensuring that your car seat project is reaching the target population and having its intended effects. Although viewed by some as complicated or unnecessary, the truth is that project evaluation can be relatively simple and yield interesting and powerful results. Information obtained from project evaluation can be used in a variety of ways, including attracting media attention and raising funds.

Evaluation Results Can Be Used To:

- 1) determine if a project was successful;
- 2) determine if project resources were used wisely;
- 3) modify future projects and project materials;
- 4) influence future funding decisions; and
- 5) influence others about the power of injury prevention.

Every car seat project should include an evaluation component, although the type and complexity will vary according to the needs of the project. To perform a valid evaluation, data must be collected before, during, and after the onset of the project in both the target community and sometimes in a comparison community similar to the project area. Only data collected consistently in this manner can be used for meaningful comparison of baseline (before) data to outcome (after) data. This data will be the basis for project evaluation and will measure the effects and success of your project.

Like project building and planning, it is never too early to begin devising an evaluation plan. An evaluation plan can ensure that the most appropriate data is collected in a timely, organized manner. All too often, project evaluation is an afterthought, resulting in the loss of valuable project data. A 5-Step Evaluation Plan has been provided in this section. In addition, sample evaluation forms, project data, and data analysis have been included to assist with the planning and development of your specific project evaluation plan.

5-Step Evaluation Plan Overview

- Step 1. Select project components to be evaluated.
- Step 2. Select data collection methods.
- Step 3. Develop evaluation guidelines and protocols.
- Step 4. Collect project data.
- Step 5. Analyze data and report results.

Step 1. Select Project Components to be Evaluated

Once the plans for your car seat project have been established, you will need to select the areas of the project to be evaluated. For optimal collection of the necessary data, selection of evaluation areas should be made while the project intervention is being designed. The project coordinator(s) should work closely with the project coalition during this process. This will help ensure that the most appropriate and feasible project evaluation areas are selected. Selection of the project components to be evaluated may be based on several factors.

Factors to Consider When Selecting Evaluation Areas

- ☐ Funding or grant requirements
- ☐ Resources (especially manpower and time) available for data collection
- ☐ Specific needs or interests in the community
- ☐ Past evaluation of similar projects
- ☐ The most appropriate and feasible type of evaluation for your project

There are three common types of project evaluation: 1) process, 2) outcome, and 3) impact. Process evaluation analyzes data related to implementing the project, such as number of seats distributed or number of educational trainings held. Outcome evaluation analyzes direct, measurable changes in the community such as increase in car seat use. Impact evaluation analyzes data related to achieving the long-term goals of the project, such as changes in the number of deaths and injuries in the community. A complete project evaluation should include process, outcome, and impact evaluation components. However, process and outcome evaluation tend to be more realistic for some smaller, community-based projects to conduct. Ultimately, the best components for evaluation for your project should be based on the goals and objectives to be measured, as well as the priorities and abilities of your community.

Types of Evaluation

1. Process Evaluation - Evaluation of "how" your specific project intervention or strategy was implemented and the possible relationship to the success of the project. For example:
 - 1) Did the target population participate in the project?
 - 2) How many materials or car seats were actually distributed?
 - 3) How many media messages or presentations were delivered?
 - 4) How many car seats were correctly installed by project staff?
 - 5) What was the best method for distributing project materials?
2. Outcome Evaluation - Evaluation of "if" and "how" the project has had its intended effect on the target population in terms of direct changes in the knowledge, attitudes, behaviors, and/or the physical environment. For example:
 - 1) Changes in the number of car seats being used among the target group.
 - 2) Changes in the number of car seats being used correctly among the target group.
 - 3) Changes in knowledge or attitudes about car seats and their use.
3. Impact Evaluation - Evaluation of the long-term, deep-rooted changes that occur in your community as a result of your project. For example:
 - 1) Changes in the number of motor vehicle-related injuries during a five-year period among the target group.
 - 2) Changes in the number of motor vehicle-related deaths during a five-year period among the target group.

Selecting the areas of your project to be evaluated is simply a matter of matching the needs of your project evaluation to the most appropriate and realistic evaluation types. A worksheet has been provided on the following page to help you become more comfortable dealing with the evaluation types. Answers to the worksheet can be found at the bottom of the page.

Worksheet: Types of Evaluation

This worksheet has been provided for practice in determining the different types of evaluation (i.e., process, outcome, and impact). If you can select the correct evaluation type for all 10 evaluation statements, you will be ready to select the areas of your car seat project to be evaluated. Remember that the best project evaluation plan includes all 3 evaluation types.

Select the Evaluation Type as Either Outcome, Process, or Impact Evaluation

1. The number of children who received car seats?
2. The number of children injured as a result of motor vehicle-related injuries?
3. The number of families who received educational materials?
4. The change in observed car seat use among the target population?
5. The number of children killed as a result of motor vehicle-related injuries?
6. The number of promotions or messages delivered through the media?
7. The number of educational sessions provided to families in target group?
8. The number of children injured as a result of incorrectly used car seats?
9. The number of car seats used correctly through random spot checks?
10. The change in attitudes among parents about the need for use of car seats?

* Answers: P = process evaluation, O = outcome evaluation, I = impact evaluation

* 1) P, 2) I, 3) P, 4) O, 5) I, 6) P, 7) P, 8) I, 9) P or O, 10) O

Step 2. Select the Data Collection Methods

Once you have selected the components of the project to be evaluated, you will need to consider what data should be collected, as well as the best methods for collecting that data. The type of data to be collected may vary from demographic factors (i.e., age, race, sex, or income), to the behaviors of parents and children in the target group (i.e., use of a car seat), the technical capabilities of your project staff (i.e., was the car seat correctly installed when distributed?), or the efficiency of your project (i.e., did all participants receive all educational training?). The data collected will be the basis for your project evaluation. The best project data is data that is collected consistently and provides for maximum pre- and post-project comparison. Remember, when possible, it is best to collect data in the project and a comparison community.

Sample Data to Collect for Evaluation

- ☐ The number and types of educational materials distributed or media messages delivered through the project.
- ☐ Patterns related to project participation and car seat use, including age, race, sex, income, and knowledge of issues.
- ☐ The rate of car seat usage (observational surveys).
- ☐ Data related to the number of motor vehicle deaths or injuries among children in your target group. (California Highway Patrol)
- ☐ Hospital data related to motor vehicle injuries among children in the target group (i.e., length of stay and extent of injury).
- ☐ Enforcement (i.e., number of tickets issued for nonuse) of car seat laws.

There is no "best" way to collect project evaluation data because every project evaluation is unique. The key is to isolate what data is needed and then determine or develop the most efficient way to collect the data. You may find it useful to engage a local college or university in preparing an evaluation of your project; your state injury prevention program can also likely assist you in these efforts. Data collection methods presented in this section have been used for successful car seat project evaluations. Using these data collection methods alone, a wealth of car seat project evaluation data can be obtained. Samples of data collection forms are provided in the following pages. These forms may be used as presented or modified to meet the needs of your car seat project.

Common Data Collection Methods

- ☐ Car seat application or registration form
- ☐ "Real-life" car seat use surveys (called observations)
- ☐ Telephone surveys to measure knowledge, attitudes, and behaviors (practices)
- ☐ Project participant education evaluation
- ☐ Car seat "check-up" surveys or clinics

Sample Car Seat Application

Child's Name			Date
Street Address			Age/Weight
City	County	State	ZIP Code
Phone	Date of Birth	Sex	Race
Name of Parent or Legal Guardian Accepting Car Seat			
Street Address (Write "SAME" if same as child's)			
<p>Agreement/Release of Liability</p> <p>I am the parent/legal guardian of the above named child and understand that this car seat is provided as a public service in the interest of safety. I have been given the manufacturer's and supplemental instructions regarding use and installation of this car seat, and a program representative has demonstrated to me how to put the child in the car seat and how to install the car seat and locking clip in a motor vehicle. I agree to properly use the car seat when the child is traveling in a motor vehicle. I also agree that if this car seat is involved in a motor vehicle crash, I will return it to this distribution site immediately.</p> <p>I understand that this organization is not a manufacturer or dealer in car seats and makes no warranty, expressed or implied, as to the fitness of this car seat. I further understand that this organization will assume no responsibility for the consequences (including injury) of proper or improper use of the car seat. I agree to forever refrain from instituting, pressing, or in any way assisting any claim, demand, action, or cause of action against this organization and its employees, agents, or volunteers for any injuries, damages, costs, loss of services growing out of, or which hereafter may grow out of the installation, use, or malfunction of the car seat.</p>			
Signature of Parent/Legal Guardian			Date
Application #		Car Seat ID #	

Sample Car Seat Observation Form

C H I L D	D R I V E R	Infant(0 to 1)		Small Child (1 to 4)		Older Child (5 to 15)	
		Mark x or o		Safety seats or carriers Infant facing rear, restrained Inf. Facing rear, not restrained Safety seat facing forward Safety seat in car, not used Infant in household carrier Can't tell if restrained Vehicle belts Infant on lap, 2 in belt No safety seat in car Infant riding on lap Not on lap	Safety seats with harness Child restrained in safety seat Child in seat, not restrained Safety seat in car, not used Can't tell if restrained Boosters Shoulder/lap belt on child Shield and lap belt on child Lap belt only on child No vehicle belt used Vehicle belts Shoulder/lap belt on child Lap-only belt on child Belt behind child or under arm Two in belt Can't tell No safety seat in car Child riding in lap Not on lap	Special products used (describe) _____ _____ _____ _____ _____ Boosters Shoulder/lap belt on child Shield and lap belt on child Lap belt only on child No vehicle belt used Vehicle belts Shoulder/lap belt on child Lap-only belt on child Belt behind child or under arm Two in belt Can't tell No restraint used Child riding on lap Not on lap	

(See instructions on next page)

Instructions for Child Restraint Usage Observational Survey Form

Important: This survey measures only basic usage rates, not correct or incorrect use.

Survey location and procedure: Try to find the busiest exit(s) of the parking lot of a shopping center or other facility serving families with young children. If the exit has a stop sign, you can get a good look inside each car. Do not make observations on a public street, because it could be dangerous for your group and observations are less accurate. Look only into vehicles exiting and make a tally mark for each child who appears to be under age 15. Use clipboards marked "Safety Survey" on the back so you can avoid spending time interacting with drivers. If you are asked what you are doing, explain briefly and give the person an educational brochure. Try to observe at least 300 children on the same day at one or more locations in the community. You may want to collect data from several sites to get variation in ethnic and socio-economic status.

Age categories: First, determine which of the three age categories applies for each child you observe. You will have to make an educated guess based on size and appearance.

Infant section: This category is for babies who are small enough to fit in an infant safety seat (under 20-22 lbs.) or, if larger, appear to be less than one year old. Average one-year-olds sit well unassisted and are starting to walk.

Small child section: This category is for older babies, toddlers, and young preschoolers who appear to be small enough to fit in a conventional car seat with a harness (up to about 40 lbs.).

Older child section: This category is for children who have outgrown conventional car seats up through junior high school age. Age is difficult to judge, so all children who look too large to fit in a car seat with a harness should be counted in this category.

Definitions:

Restrained Harness is on the child and appears to be buckled. Car seat appears to be attached to the car.

Safety seat in car, not used Use this box only if the seat is the appropriate type for the child.

Household carrier Easily identified by the lack of a harness with shoulder straps more than 1" wide.

Can't tell if a blanket covers restrained child or other passengers block your view.

Boosters may be just a base or with a high back: has no harness system; indicate how vehicle belt is used.

Shoulder/lap belt on child Shoulder belt is in front of the child, not behind or under the arm.

Lap-only belt on child No shoulder belt appears to be available in this seating position.

Belt behind child Lap portion of shoulder/lap belt is on child: shoulder portion of belt is not used properly.

Two in belt Child is on adult's lap with belt on both or two children share one belt.

No safety seat in car or **No restraint used** Use for unrestrained children if no safety seat is in the car.

General guidelines: When you see an empty car seat, it is not recorded unless a child of the appropriate size is in the car. We are counting children, not car seats! If a car passes too quickly for you to make a careful observation, do not record the obviously unrestrained children, who are more easily seen than properly restrained children. If, however, you are able to determine restraint use for some of the children in the car and cannot tell if one of them is buckled, count that child under "can't tell."

Optional data about restraint use of driver (columns on left): For each child observed, mark : x (restrained) or o (unrestrained) in the column on the far left. Then mark x (restrained) or o (unrestrained) for the driver in that vehicle. If there are four children, there will be four marks for the driver.

Information on Site and Observer

Name of Site/Facility _____

Address _____

Comments on site (ethnicity, socio-economic status) _____

Temperature (hot, warm, cool, cold) _____ Road conditions (dry, wet, snow, ice) _____

Observer's name and organization _____

Address _____

Telephone (____) _____ Date and time of observations _____

Sample Car Seat Telephone Survey

1. Are there children in the household under eight years old?
- ☐ Yes → List ages: ⑧ _____ ⑧ _____ ⑧ _____ ⑧ _____ ⑧ _____ ⑧ _____ ⑧ _____ (Go to #2)
- ☐ No → (Discontinue survey and express thanks.)

2. How are you related to the children in the house?
- ☐ Mother ☐ Other: _____
- ☐ Father

3. Which of the following do you feel represents the greatest threat of injury or death to your child?
- ☐ Falling ☐ AIDS
- ☐ Motor vehicle crash ☐ SIDS
- ☐ Accidental poisoning ☐ Other: _____

4. How many car seats or booster seats do you have?

Age of child	Car Seat	Booster Seat	None (go to #6)	Don't know/won't Answer (go to #9)

5. Why do you use a car seat?
- ☐ It's the law (Go to #7) ☐ Other _____
- ☐ To keep my child safe (Go to #7)

6. Which response best describes why the child/children doesn't/don't have a car seat? (check as many as apply)
- ☐ Never thought about getting one ☐ Can't keep child in seat
- ☐ Never got around to getting one ☐ Child uses a seat belt
- ☐ Can't afford a car seat ☐ Don't know/won't answer
- ☐ Don't feel child needs one ☐ Other: _____
- ☐ Spouse/family doesn't feel it is needed

7. When riding in a vehicle, how often is child restrained in car/booster seat?

Estimated amount of time that child uses the car seat or booster seat.	List age (as given in #1) of each child in shaded area. Place a check (✓) under the corresponding age column by the best response.					
Always—100% (Go to #9)						
Usually—75%						
Half time—50%						
Sometimes—25%						
Don't have or use—0%						
Don't know/won't answer						

8. Which response best describes why your child/children doesn't/don't always use a car seat or booster seat?

Reason child does not always use a car seat or booster seat.	List age (as given in #1) of each child in shaded area. Place a check (✓) under the corresponding age column by the best response.					
Car seat is wrong size						
Child doesn't like riding in car seat						
Too much of a hassle						
Not necessary for short trips						
Family/Spouse does not feel it is necessary						
Too many people in vehicle						
Car seat was in another vehicle						
Other:						
Don't know/won't answer						

9. How important do you think it is to use a car seat or booster seat for your child/children?

- | | |
|---|--|
| <input type="checkbox"/> Not important | <input type="checkbox"/> Very important |
| <input type="checkbox"/> Somewhat important | <input type="checkbox"/> Don't know/won't answer |

10. Why do you think it is important/not important for your child/children to use a car seat or booster seat? (Open comment).

11. Do you know if there is a law requiring children to be restrained in car seats?

☐ Yes

☐ Won't answer

☐ No

If yes, the law covers up to what age _____ and up to what weight _____?

12. If car seats were made available at reduced cost or free for children in your community, with no commitments or strings attached, would you likely get a car seat?

☐ Yes

☐ Don't know

☐ No

Note: Guidelines for car seat telephone and KAB surveys are found on page 77.

Sample Car Seat Education Evaluation

1. Overall, how useful did you find this class?
☐ very useful ☐ useful ☐ somewhat useful ☐ not useful
2. Did the instructor present the materials clearly so that it was easily understood?
☐ very clear ☐ clear ☐ somewhat clear ☐ unclear
3. Did you find the contents to be presented in an organized manner?
☐ very organized ☐ organized ☐ somewhat organized ☐ disorganized
4. Did you find the contents to be too technical or complicated?
☐ Yes ☐ No
5. Please rate the video viewed during the session.
☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Awful
6. Please rate the handouts provided during the session.
☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Awful
7. What topics from the class did you find the most useful?
8. What topics from the class did you find the least useful?
9. Are there additional topics or materials that you would like to see included?
10. Do you have suggestions to improve future classroom instruction?

Sample Car Seat Check-Up Form

CHILD PASSENGER CHECKLIST		[A][B][C][D][E][F][G][H][I][J]												
Use one form per child and per CSS to document the way the child arrives		For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. See above example.												
		CSS=Child Safety Seat												
<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____														
Participant's First Name					Participant's Last Name									
Child's first name					Age(yrs) (mos)		Weight(lbs)		Height(in.)		Child present? <input type="checkbox"/> Y <input type="checkbox"/> N			
Address					NOTE: If child < 1 mo, please indicate 1 mo		Expectant parent? <input type="checkbox"/> Y <input type="checkbox"/> N							
City					State		Zip code (required)		(Area Code) Telephone number					
Make of vehicle					Vehicle year		Vehicle model							
Front-passenger air bag? <input type="checkbox"/> Y <input type="checkbox"/> N					How did you hear about this event? <input type="checkbox"/> Flyer <input type="checkbox"/> Television <input type="checkbox"/> Internet <input type="checkbox"/> Drove by event									
If yes, is air bag active? <input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other _____									
<div> <div> <div>STOP</div> <div>THIS SECTION MUST BE COMPLETED!!!</div> <div> <input type="checkbox"/> No misuse observed <input type="checkbox"/> Child arrived without CSS <input type="checkbox"/> All corrections made <input type="checkbox"/> CSS arrived uninstalled <input type="checkbox"/> Not all corrections made <input type="checkbox"/> CSS provided by coalition (Explain in comment section) <input type="checkbox"/> Recommended a new CSS (No new CSS provided) </div> </div> <div> <input type="checkbox"/> Participant helped install CSS Materials given to participant: <input type="checkbox"/> Locking Clip <input type="checkbox"/> Printed Materials <input type="checkbox"/> Towel/Woodie <input type="checkbox"/> Slip guard material <input type="checkbox"/> Other _____ </div> </div>														
<div> <div> <div>COMPLETE BELOW ONLY IF NEW CSS IS PROVIDED BY COALITION</div> <div> <input type="checkbox"/> Britax <input type="checkbox"/> Fisher-Price <input type="checkbox"/> Century <input type="checkbox"/> Graco <input type="checkbox"/> Cosco <input type="checkbox"/> Kolcraft <input type="checkbox"/> Evenflo <input type="checkbox"/> Other _____ </div> </div> <div> CSS Name _____ CSS model number _____ </div> <div> Registration card completed and mailed in by: <input type="checkbox"/> SK Coalition <input type="checkbox"/> Participant </div> </div>														
COMMENTS: Please describe any other misuse observed/recommendations, instructions: _____ _____ _____ _____														

TO CAR SEAT CHECKERS: Observe child in CSS first. Then identify CSS in which child is restrained. Completely fill in appropriate ovals. Discuss the findings with participants.

Child Arrives REAR-FACING

☐ Infant w/ Base ☐ Infant w/o Base ☐ RF Convertible

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSS in back seat (not in front of air bag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within recommended age/wt./ht. range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear-facing appropriate for child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSS appropriate for rear-facing use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate recline (no more reclined than 45 degrees/head does not fall forward)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps at or below shoulders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps snug (no slack)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness attached securely and threaded correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip used (if required in instructions)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip at armpit level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip threaded correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying handle is in the correct position for travel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety belt routed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety belt locking CSS tightly in vehicle with locking latchplate, switched retractor, locking clip, lock-off, etc. (1 inch test)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locking clip used correctly (if needed)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converted CSS to forward-facing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended different CSS

CSS manufacturer:

<input type="checkbox"/> Britax	<input type="checkbox"/> Fisher-Price
<input type="checkbox"/> Century	<input type="checkbox"/> Graco
<input type="checkbox"/> Coosco	<input type="checkbox"/> Kolercraft
<input type="checkbox"/> Evenflo	<input type="checkbox"/> Other _____

CSS name

CSS model number

Date of manufacture (MM/DD/YYYY)

 / /

☐ Information missing



Child Arrives FORWARD-FACING w/ Harness

☐ 5 Pt. Harness ☐ T-Shield ☐ Tray Shield
☐ Combination CSS ☐ Integrated ☐ Other _____
 Ex: Special needs, travel vest, inappropriately used infant CSS, etc.

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within recommended age/wt./ht. range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forward-facing appropriate for child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSS appropriate for forward-facing use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSS adjusted to upright position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps in top slots unless other slots reinforced (at or above shoulders)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness attached securely and threaded correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness straps snug (no slack)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip present (if required in instructions)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip at armpit level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness retainer clip threaded correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety belt routed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety belt locking CSS tightly in vehicle with locking latchplate, switched retractor, locking clip, lock-off, etc. (1 inch test)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locking clip used correctly (if needed)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tether used correctly (if supplied)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converted CSS to rear-facing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converted CSS to belt-positioning booster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended different CSS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseled participant on tethers

BELT-POSITIONING BOOSTER (No Harness)

☐ Backless ☐ High Back

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within recommended wt./ht. range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety belt routed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lap/shoulder belt correctly positioned
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tether used correctly (if supplied)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converted CSS to forward-facing with harness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moved child to safety belt

Has this CSS been checked before? ☐ Y ☐ N
 Original CSS owner/history knows? ☐ Y ☐ N
 Registration card sent in? ☐ Y ☐ N ☐ Unable to determine
 CSS in crash? ☐ Y ☐ N ☐ Unable to determine
 CSS in back seat? ☐ Y ☐ N ☐ NA
 CSS labeled to indicate it meets U.S. federal standards? ☐ Y ☐ N ☐ Unable to determine
 Is CSS on recall list? ☐ Y ☐ N ☐ Unable to determine
 If yes, has defect been repaired? ☐ Y ☐ N ☐ Unable to determine

Shade the X where you found CSS. Shade the M if/where it was moved.

D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do not remove this sheet

SHIELD BOOSTER*/LAPTOP

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within recommended wt./ht. range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shield snug against child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety belt routed correctly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety belt locking CSS tightly in vehicle with locking latchplate, switched retractor, locking clip, lock-off, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locking clip used correctly (if needed)

*Note: Currently, shield boosters are only for children between 30 and 40 lbs. Best practice: harness up to 40 lbs.

<input type="checkbox"/>	Removed shield, used base with lap/shoulder belts
<input type="checkbox"/>	Recommended retrofitting vehicle with shoulder belt
<input type="checkbox"/>	Recommended Y-harness/vest
<input type="checkbox"/>	Recommended different CSS

OTHER CHILD RESTRAINT

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child within recommended wt./ht. range
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restraint used according to manufacturer's instructions

VEHICLE SAFETY BELT

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's legs bend over vehicle seat w/o slouching
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child's back against vehicle seat back
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Belt over center of shoulder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lap belt over upper thighs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended booster seat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended CSS with harness

LATCH system used correctly (if present)? ☐ Y ☐ N
 Please describe any misuse observed:

01/01

Other Data Collection Methods

In addition to the common data collection methods described on previous pages, data for evaluation may be obtained by individually reviewing records and reports related to motor vehicle crashes, injuries, deaths, medical treatment, and hospitalization. This type of data may be more difficult to collect due to restricted access to information and issues of confidentiality. If obtainable, however, these data can be extremely useful for evaluating the objectives and goals of your project. These additional data sources may include:

❑ Police or State Highway Patrol "Accident" Reports (generally accessible)

A review of "accident" reports may provide information about the level of car seat use among children in your community that are involved in motor vehicle-related crashes.

❑ Citations Issued for Car Seat Violations (generally accessible)

A review of citations issued locally may provide information about the attitudes of law enforcement regarding the enforcement of car seat laws, in addition to the ages of children found to be traveling unrestrained.

❑ State Department of Transportation Fatality Reports (generally accessible)

Each state is required to report information on fatal traffic crashes for the Fatal Accident Reporting System (FARS). FARS reports may provide state and local data on motor vehicle-related deaths among children in your area.

❑ Hospital Records (accessibility may be difficult)

Hospital records, if accessible, may provide an abundance of information related to motor vehicle-related injuries among children in your community. Hospitals use International Classification of Diseases, External Cause of Injury Codes (E-codes) in the patient's chart. E-codes can be extremely useful for project evaluation by providing specific data about the cause of an injury. You may need to provide the hospital with a request for information using the following specific E-codes:

- | | | | |
|-----------|------------|------------|------------|
| 1) E810.1 | 2) E811.1 | 3) E812.1 | 4) E813.1 |
| 5) E814.1 | 6) E815.1 | 7) E816.1 | 8) E818.1 |
| 9) E819.1 | 10) E822.1 | 11) E823.1 | 12) E825.1 |

Step 3. Develop Evaluation Guidelines and Protocols

Evaluation simply refers to the measurement of progress toward achieving project goals and objectives. To complete evaluation of the project, it will be necessary to relate your project data and findings to your project goals and objectives. Begin by correlating the appropriate project data to each project goal and objective accordingly (this should have been determined during original project and evaluation planning). Does your project reveal that project goals and objectives were achieved, not achieved, exceeded, or just plain overlooked (yes, this does happen). Your project data may relate directly or indirectly to your goals and objectives. Try to focus, at least initially, on comparisons that are more important for determining the success or fulfilling the needs of your project (other data might be best used with additional descriptive analysis of your project at a later date). Remember...this is the moment you've been waiting for—did your project make a difference?

Clearly stating project protocols or standard operating procedures in the form of guidelines, checklists, logs, instructions, etc. is the best way to ensure that the project is being implemented and data collected consistently so that evaluation will provide a “true” measure of the project's success. This should also answer project staff questions in advance and prevent some stress and headache during implementation of the project. Protocols should be provided for the collection of data, as well as any step or procedure that could affect consistent evaluation of the project. Even simple forms can be effective and assist with the evaluation of the project.

Possible Evaluation Protocols (the list could be endless)

- ☐ Car seat and materials distribution checklist for project staff
- ☐ Guidelines for monthly reporting of activities
- ☐ Guidelines for project participation
- ☐ Checklists for project personnel
- ☐ Logs/records of materials received and distributed
- ☐ Guidelines for the collection of data
- ☐ Instructions for completing applications or forms
- ☐ Instructions for conducting surveys and observations
- ☐ Records of contacts with media or target population

Guidelines for Car Seat Observations

Car seat use observational surveys tend to be more reliable than self-reported data collected using telephone or self-administered questionnaires. Therefore, it is recommended that car seat observations, or other "real-life" behavior and practice surveys be conducted if at all possible. Guidelines and instructions will help to ensure optimal data collection results.

Suggestions for Conducting Car Seat Observations

- ☐ Select locations where the target group can be easily observed, such as day care facilities, fast-food restaurants, grocery stores, retailers, or the health department. Use parking lot exits for easiest observations.
- ☐ Select locations busy enough to observe large numbers of children.
- ☐ Determine who will conduct the observations and how many persons will be needed.
- ☐ Schedule dates and times for observations and training sessions.
- ☐ Train volunteers about:
 - correct and incorrect uses of car seats
 - where to stand while conducting observations
 - how to complete observation forms
 - the car seat laws in your community and states
 - what to say if approached by parents or management
 - what to wear during observations
- ☐ Assign trained personnel and volunteers to observation sites.
- ☐ Contact local law enforcement and management about observation sessions to obtain permission and provide observation dates and times.
- ☐ Schedule repeat observations for unusual circumstances such as bad weather or low numbers observed.
- ☐ Observers should carry a letter of introduction, prepared on official letterhead, to answer questions or concerns from community members.
- ☐ Schedule follow-up observations (e.g., six months, one year following the original observation) to determine if change in use patterns occurred. Keep all components of observation as consistent as possible with the first observational study.

Guidelines for Car Seat Telephone or KAB Surveys

Although observational surveys tend to be more reliable than self-reported data collected using telephone or self-administered questionnaires, self-reported surveys can be an effective tool in measuring knowledge, attitudes, and self-reported behaviors (KAB) prior to and following a project. These surveys, sometimes called KAB surveys, are useful in learning how the target population thinks and what motivates them. This type of information can assist project planners in designing effective educational materials and marketing the project, as well as determining if there is a change in knowledge, attitudes, and behaviors following the project.

Suggestions for Conducting Car Seat Telephone or KAB Surveys

- ❑ If conducting a telephone survey, obtain a list of names of children in the applicable age group you are targeting (i.e., 0-4 years old) in your community. One possible source is your local vital statistics program; you may be able to obtain a list of births in the applicable years. Cross-match the parents' names on the list with names in your community's telephone directory.
- ❑ KAB surveys can also be administered to: clients in a clinic setting; parents at group meetings (i.e., child care, school); or individuals at local businesses (i.e., retail children's stores, fast food restaurants).
- ❑ Train persons conducting the surveys on how to:
 - administer the surveys.
 - complete the survey forms.
- ❑ Notify law enforcement (and management if conducting surveys at businesses) about the survey to obtain permission.
- ❑ If conducting telephone surveys, call when residents are likely to be at home (in the evenings and on weekends).
- ❑ When conducting telephone surveys, the interviewer should always be polite and greet the participant with the following introduction: "Hello. I am (interviewer name) with (name of organization). We are conducting a survey. Do you mind if I ask you a few questions?"

Step 4. Collect Project Data

To complete evaluation of the project, it will be necessary to relate your project data and findings to your project goals and objectives. Begin by correlating the appropriate project data to each project goal and objective accordingly (this should have been determined during original project and evaluation planning).

Data or information used to evaluate the effectiveness of a project should be collected before the start of your project, during the implementation of your project, and also after the project has ended. In addition, keep in mind the advantage to consistently collect data in both the project and a comparison community. The type of data needed, as well as the methods for collecting this data, will vary according to the areas or components of your project being evaluated.

General Considerations for Collecting Data

- ☐ Determine what data should be collected.
- ☐ Determine data collection methods.
- ☐ Determine how much data should be collected (i.e., the number of observations).
- ☐ Determine data collection methods.
- ☐ Collect data in the project and a comparison community (if possible).
- ☐ Collect data before, during, and after the start of the project (if possible).
- ☐ Train persons conducting data collection.
- ☐ Conduct data collection practice sessions.
- ☐ Schedule observational or telephone survey data collection times well in advance, giving appropriate notice to area law enforcement and business management.
- ☐ Train, practice, and repeat as necessary.

Step 5. Analyze Data and Report Results

To conduct the evaluation, you will need to analyze the data that has been collected throughout the life of the project. The specific data analyzed will vary according to the needs of the project and may range from simple (i.e., hand tabulation) to complex (i.e., in-depth statistical analysis). For complex data analysis and evaluation, a computer and appropriate software programs may be used to more easily tabulate and compare the data. For local assistance with analysis, try contacting an epidemiologist (at local or state health departments or universities) or other qualified health or education professionals. Assistance with project evaluation may also be obtained by contacting one of the many resources provided in the appendix of this manual.

General Considerations for Data Analysis

- ☐ What data analysis might reveal insight into the effectiveness of project implementation?
- ☐ What data analysis might reveal insight into the effectiveness of reaching the target population?
- ☐ What data analysis might reveal changes in knowledge, attitudes, or practices relating to car seat use and correct car seat use?
- ☐ What data analysis might reveal changes in motor vehicle-related deaths and injuries among the target population?
- ☐ What data analysis might reveal changes in child restraint laws or their enforcement?
- ☐ What data analysis might assist you in future grant writing?
- ☐ What data analysis might assist you in presenting to your local policy makers and affect policy change?
- ☐ What comparisons can be made of the project and comparison community?
- ☐ What comparisons can be made of the pre-, during, and post-project data?

Utilizing project applications, surveys, and other collection methods, you will have collected a large quantity and variety of data. For effective analysis, this data must be organized and subdivided in keeping with your original evaluation goals and plans. This will focus your evaluation efforts and allow for easier data comparison. Conduct data analysis that will be interesting or significant to your project evaluation. For simplicity, perform straight tabulation if at all possible. As you separate, tabulate, and analyze the data, you should see

that patterns (or the lack of patterns) will appear. This will be the basis for your data analysis and evaluation discussion. Compare pre- and post-project data, as well as project and comparison community data. Do data from both communities appear to be similar or different? In addition to your project intervention, are there factors, which might have influenced any changes?

Suggestions for Comparison of Project Data

- ❑ Analyze one data collection method or database at a time.
- ❑ Subdivide the data for each collection method into smaller groups for easier comparison.
- ❑ Total subcategories and their individual components. Convert to percent for easier comparison. For example: 200 applications were completed; 135 were identified as female, 65 as male. Divide the individual number (i.e., total females) by the total number (i.e., total patients) and multiply by 100. Or, females represent 67.5% and males 32.5% of all participants.
- ❑ Compare project community data (i.e., change in car seat use) to a similar community data with no project (if applicable).
- ❑ Look for trends or patterns in the data (i.e., car seat use increased to 75% during the project and continued to be 70% six months after the project ended).
- ❑ Analyze demographic factors such as age, gender, socioeconomic status, and race/ethnicity (i.e., low income children less than two years old received 75% of the car seats distributed).
- ❑ Compare specific data related to your project goals and objectives before and after the project, such as:
 - changes in rates of car seat use (i.e., car seat use increased from 30% to 40% one year after car seat education and distribution program intervention took place);
 - factors for participation or nonparticipation in the project (i.e., Latinos were more likely to obtain car seats through their churches or cultural events);
 - the best location or method for distributing materials or car seats (i.e., 80% of car seats were distributed through county health department WIC clinics);
 - the appropriateness and reception of project materials;
 - the technical skills of project staff installing car seats;
 - changes in knowledge, attitude, or practices of community members (i.e., persons in the target population properly identifying motor vehicle crashes as a leading cause of death and injury to their children increased from 45% to 95% six months following the project);

- changes in the number of citations issued to car seat law violators
- increase in the funds coming to your local health department from car seat violation fines.

Sample Project Data and Analysis

Sample project data and evaluation analysis have been provided for additional clarification and illustration of the evaluation process. Sample data has been provided for car seat observational surveys, project car seat "spot checks/check-ups," and project application data.

Sample Car Seat Observation Data (150 Total Observations – Project Community)						
	Pre-Project		During Project		Post-Project	
	Number of Children	%	Number of Children	%	Number of Children	%
Child's Age						
<1	48	32	50	33	54	36
1	53	35	55	37	52	35
2	49	33	45	30	44	29
Child's Gender						
Male	62	41	65	43	55	37
Female	88	59	85	57	95	63
Car Seat Use						
Yes	34	23	47	31	69	46
No	116	77	103	69	81	54

Project Community Sample Observation Findings

1. Age of children observed was evenly distributed by age group before (32,35,33), during (33,37,30), and after (36,35,29) project implementation.
2. Consistently, more females were observed in the targeted age group before (59), during (57%), and after (63%) project implementation.
3. Car seat use was observed as 23% (34/150) before and increased to 31% (47/150) during and 46% (69/150) after project implementation.

Sample Car Seat Observation Data (163 Total Observations – Comparison Community)						
	Pre-Project		During Project		Post-Project	
	Number of Children	%	Number of Children	%	Number of Children	%
Child's Age						
<1	32	20	44	27	35	21
1	78	48	61	37	63	39
2	53	32	58	36	65	40
Child's Gender						
Male	80	49	69	42	81	50
Female	83	51	94	58	82	50
Car Seat Use						
Yes	67	41	70	43	59	36
No	96	59	93	47	104	64

Sample Comparison Community Observation Findings

1. Females in the targeted age group were observed about as frequently as males in the comparison community (51% before, 58 during, and 50% after).
2. Car seat use remained relatively constant in the comparison community (i.e., community which had no car seat program) at 41% (67/163) before, 43% (70/163) during, and 36% (59/163) after the project.

Sample Car Seat Check-Up Data of Project Car Seats (75 Total)						
	Pre-Project		During Project		Post-Project	
	Number of Children	%	Number of Children	%	Number of Children	%
Project Car Seat						
Yes	0	0	38	51	38	51
No	75	100	37	49	37	49
Correct Use	Not Applicable. There were no project car seats prior to project implementation.					
Yes			35	47	44	59
No			40	53	31	41

Sample Check-Up Findings

1. During a random check of the first 75 car seats identified at a predetermined place, it was revealed that the number of "project" cars (cars with tagged car seats; see page 46) observed in use increased from 0% prior to implementation of the project to 16% (12/75) during, and more than one-half (51%) after the project.
2. Of all children observed following the project, 59% (44/75) of children were buckled up correctly.

Sample Car Seat Application Data (250 Total)			
	Category	Number of Children	%
Age	<1	132	53
	1	75	30
	2	43	17
Gender	M	162	65
	F	88	35
Ethnicity	African American	147	59
	White	48	19
	Native American	30	12
	Hispanic	23	9
	Other	2	1
Dates and No. Distributed	1/1 to 3/31	61	24
	4/1 to 6/30	139	56
	7/1 to 9/30	44	18
	10/1 to 12/31	6	2
Target Group	Yes	193	77
	No	57	23

Sample Application Findings

- ☐ More than three-fourths (77%) of project participants were identified as members of the targeted project group.
- ☐ The majority of car seats (80%, 200/250) were distributed during the first six months of the project; nearly one-fourth (24%, 61/250) were distributed during the first three months.
- ☐ More than one-half of all car seats (53%) were distributed to children less than one year old.
- ☐ Males received almost two times as many car seats as females (1.8 males to 1 female).

Determining Project Success

To complete evaluation of the project, it will be necessary to relate your project data and findings to your project goals and objectives. Begin by correlating the appropriate project data to each project goal and objective accordingly (this should have been determined during original project and evaluation planning). Does your project reveal that project goals and objectives were achieved, not achieved, exceeded, or just plain overlooked (yes, this does happen). Your project data may relate directly or indirectly to your goals and objectives. Try to focus, at least initially, on comparisons that are most important for determining the success or fulfilling the needs of your project (other data might be best used with additional descriptive analysis of your project at a later date). Remember...this is the moment you've been waiting for!

Sample Correlation of Results to Objectives

Objective 1: Increase car seat use 5% during a one-year period.

Results: - Car seat use in the project community increased from 23% to 46% after implementation. (observation data)
- Reported car seat use increased from 33% to 51%. (phone survey)

Objective 2: Decrease car seat misuse 5% during a one-year period.

Results: - Car seat misuse in the project community decreased from 50% to 45% after implementation. (observation data)

Objective 3: Distribute 125 or more car seats within six months after project starts.

Results: - 80% (200/250) of car seats were distributed within six months of the start of the project. (application data)

Objective 4: Distribute 95% or more of available car seats within targeted group.

Results: - 77% of participants who received car seats were among the targeted population. (application data)

Suggestions for Presentation of Data

Reporting your project results is the final step in project evaluation. This is also your opportunity to tell others of your successes, as well as learn from your hard work. Although formats and requirements for reporting of data are varied, a few suggestions can be made for the presentation of data:

- ☐ Present report data in an organized format. For example, reports could be presented by introduction, description of demographic data, the extent and severity of injuries, intervention measures, results, and conclusions.
- ☐ Keep materials (i.e., news releases, fact sheets, or reports) as brief as possible.
- ☐ Summarize the results for clarity.
- ☐ Adjust materials to the intended audience (e.g., Board of Supervisors or other policy makers, funding agencies, colleagues, the media).
- ☐ Never present data alone—always include an interpretation or conclusion.
- ☐ Use figures, bar graphs, and pie charts to explain and enhance the data.
- ☐ Don't use personal opinions when describing and interpreting the data.
- ☐ Draw conclusions from the data.
- ☐ Identify problem areas and suggestions for improvement.
- ☐ Clearly highlight successful areas of the project.
- ☐ If needed, ask for help from others who have experience in presenting data.

Evaluation "Must Do" List

This final evaluation checklist has been provided to ensure that your project evaluation will be a complete success. Check off each task to the right when each has been completed.

Task	✓
1. Plan project evaluation while building your project.	<input type="checkbox"/>
2. Determine goals and objectives to measure success.	<input type="checkbox"/>
3. Collect data related to project goals and objectives.	<input type="checkbox"/>
4. Collect data in project and comparison communities.	<input type="checkbox"/>
5. Collect data before, during, and after the project.	<input type="checkbox"/>
6. Outline data collection guidelines and protocols.	<input type="checkbox"/>
7. Train persons collecting data.	<input type="checkbox"/>
8. Tabulate and analyze the data collected.	<input type="checkbox"/>
9. Summarize and report your findings.	<input type="checkbox"/>
10. Make recommendations for future projects based on your findings.	<input type="checkbox"/>

Section 4

More Good Stuff (Appendices)

Appendix A

The California Car Seat Law

2002 California Child Restraint Law Responsibilities of Health Departments and the Courts

Vehicle Code Section 27360

As of 2002, V.C. Section 27360 requires that children be properly secured in a child restraint (safety seat or booster, depending on the age and size of the child) until they are at least six years old or weigh 60 lbs. Only one of these criteria must be met. Exception: If the child weighs more than 40 pounds and is riding in the back seat of a vehicle with only lap belts in the back seat, the child may be secured in just a lap belt. (Note: most pre-1990 vehicles do not have shoulder belts in the back seat.)

Vehicle Code Section 27360.5

As of 2002, this section requires that children under 16 who are at least 6 years or 60 lbs. be properly secured in a child restraint or a vehicle safety belt. (Note: if the child places the shoulder belt under the arm or behind the back, which is extremely dangerous, the parent or driver may be cited.)

Responsibilities of the County or City Health Department

- ◆ To provide a community program that includes child passenger safety education and helps economically disadvantaged families to obtain car seats at low cost or on loan. The health department may contract for implementation of the program.
- ◆ To designate a coordinator to facilitate the creation of a special account and develop a relationship with the court system to facilitate the transfer of funds to the program.
- ◆ To prepare, maintain and verify semi-annually a list of car seat distribution programs available in the county or city. The list is forwarded to the California Office of Traffic Safety, the courts, and specified health and social service agencies.

Responsibilities of the Courts

- ◆ To charge the full fine unless the violator shows the court proof of economic disadvantage. The law does not permit the violator to bring a car seat to court or attend an education program in lieu of the fine.

- ◆ To allocate the fine money collected for 27360 and 27360.5 to a special revenue fund that supports a program operated by the local city or county health department that provides education and low-cost car seats to needy families. According to the California State Controller, the fine money must be allocated to this special revenue fund, even if the violator attends Traffic Violator School to have the point removed from his or her record.
- ◆ To refer certain violators to a child passenger safety education program that provides certification that the defendant has presented for inspection a child restraint that meets federal safety standards. If the fine is reduced or waived, the court must require any violator cited for V.C. 27360 or 27360.5 to show proof of attendance. If the fine is paid in full, the court may require participation in the program.
- ◆ To charge one point for each violation of 27360 or 27360.5. The violation must be reported to the DMV, whether the fine is reduced, waived, or paid in full. The court may permit the violator to attend Traffic Violator School to remove the point in addition to the program that provides child passenger safety education and inspection of the safety seat.

Fines

- ◆ The fine for failing to properly secure any child under age 16 is \$100 per child (plus penalty assessments).
- ◆ The fine for a second or subsequent offense is \$250 (plus penalty assessments).

SafetyBeltSafe U.S.A. P.O. Box 553, Altadena, CA 91003

www.carseat.org

310/222-6860, 800/745-SAFE (English) 310/222-6862, 800/747-SANO(Spanish)

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Appendix B

Restraint Manufacturers

For an up-to-date listing of child restraint manufacturers go to:

<http://www.carseat.org>

Appendix C

Car Seat Recall List and Defect Reporting

Car Seat Recall List

For an up-to-date list of car seat recalls, please contact:

- ❑ The National Highway Traffic Safety Administration

Phone: 1-800-424-9393

Website: http://www.nhtsa.dot.gov/cars/problems/recalls/recall_links.html

- ❑ SafetyBeltSafe USA

Phone: 1-800-745-7233 (1-800-745-SAFE)

1-800-747-7266 (1-800-747-SANO) (Spanish)

Website: <http://www.carseat.org/Recalls/179.shtml>

This list is updated within 24 hours of a new recall. To receive a new copy of the recall list every time a new recall is added, call (310) 222-6860 to subscribe to SafetyBeltSafe USA's Automatic Updating Service.

Defect Reporting

What to do when a suspected defect with a safety seat is found:

1. Report to National Highway Traffic Safety Administration:
Call (800) 424-9393 or (888) 327-4236 (1-888-DASH-2-DOT)
2. Contact the manufacturer.
3. Inform SafetyBeltSafe USA.

Appendix D

Car Seat Project Contacts and Resources

National and State Level Organizations

Organization	Resources Available	Phone
Advocates for Hwy. and Auto Safety 750 1 st Street, NE, #901 Washington, DC 20002	Promotes motor vehicle and related safety legislation.	(202) 408-1711
American Academy of Pediatrics 141 Northwest Point Blvd Elk Grove Village, IL 60007	Individual Pediatrician's Offer brochures Choosing and Using a Car Seat, Family Shopping Guide to Car Seats, and a One Minute Safety Check-Up.	(847) 228-5005
American Automobile Association Traffic Safety Department 1000 AAA Drive, Box 28 Heathrow, FL 32746	Provides brochures regarding car seats and safety tips for children.	(407) 444-7912 or (407) 444-4240
American Trauma Society 8903 Presidential Parkway, Suite 512 Upper Marlboro, MD 20772-2656	Provides brochures, posters, and catalog of materials regarding prevention of physical trauma.	(301) 420-4189 or (800) 556-7890
Automotive Safety for Children Pgm. 575 West Drive Indianapolis, IN 46202-5225	Provides information for children with special needs. Also offers car seat and educational programs.	(317) 274-2977
California Department of Health Services State and Local Injury Control Section Vehicle Occupant Safety Program 611 North 7 th Street, Suite C Sacramento, CA 95814-0208	Conducts statewide education and technical assistance to promote and coordinate vehicle occupant protection programs in public health and hospital settings.	(916) 323-3611 (916) 323-3682 (Fax)
California Office of Traffic Safety 7000 Franklin Boulevard, Suite 440 Sacramento, CA 95823	Provides agencies with guidelines and funding in developing effective Occupant Protection Programs.	(916) 262-0990 (916) 262-2960 (Fax)
Center for Injury Prevention 5009 Coye Drive Stevens Point, WI 54481-2935	Makes bulk purchase car seats available. Provides educational materials.	(800) 344-7580
CSN Economics and Insurance Resource Center Pacific Institute for Research & Evaluation (PIRE) 11710 Beltsville Drive, Suite 300 Calverton, MD 20705-3102	Provides benefit-cost analysis of car seats.	(301) 731-9891

Organization	Resources Available	Phone
California Highway Patrol Office of Public Affairs P.O. Box 942898 Sacramento, CA 94298-0001	Provides brochures, posters, and training on car seats to various organizations. Promotes bilingual traffic safety education and related safety laws.	(916) 657-8810 (916) 657-7444 (Fax)
University of North Carolina Highway Safety Research Center 730 Airport Road, Ste. 300, CB#3430 Chapel Hill, NC 27599-3430	Responds to consumer calls about car seats and special problems with car seats. Most materials are directed toward North Carolina residents.	(919) 962-2202 or (800) 672-4527
Insurance Institute for Hwy. Safety 1005 North Glebe Road Arlington, VA 22201-4751	Provides highway safety facts and statistics. Also, Children in Crashes - a free illustrated booklet that reviews problems and measures to reduce the risks to children in vehicles.	(703) 247-1500
National Highway Traffic Safety Administration (NHTSA) Office of Traffic Injury Control Programs 400 Seventh Street, SW, Room 5118, NTS-10 Washington, DC 20590-1000	Handles consumer calls about car seat issues, problems, and recalls. Also provides booklets and information about car seats and correct use.	(202) 366-2708 or (800) 424-9393
National Maternal and Child Health Clearinghouse 2070 Change Bridge Road, Suite 450 Vienna, VA 22182	Provides brochures Keeping Kids Safe, videos, and other materials.	(703) 821-8955
National SAFE KIDS Campaign 1301 Pennsylvania Ave., NW, Ste. 1000 Washington, DC 20004-1707	Provides assistance in organizing state and local SAFE KIDS Coalitions. Also, technical assistance regarding unintentional childhood injury prevention projects.	(202) 662-0600
National Safety Belt Coalition 1025 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036	Provides children's activity books on car seats, fact sheets on child passenger safety, information about frequently asked car seat questions.	(202) 296-6263
National Safety Council 1121 Spring Lake Drive Itasca, IL 60143-3201	Responds to consumer calls and distributes informational brochures and statistics.	(630) 285-1121
SafetyBeltSafe USA 1124 West Carson Street REI, Building B-1 West Torrance, CA 90502 P.O. Box 553 Altadena, CA 91003	Responds to consumer questions about car seats and brochures in English and Spanish, as well as other languages.	(800) 745-SAFE or (800) 747-SANO (Spanish)
The Willapa Bay Company c/o Deborah Stewart, Editor Safe Ride News Publications, Inc. 14604 Ninth Avenue, NE Shoreline, WA 98155	Publishes Safe Ride News	(206) 364-5696

California's Local Health Department Child Passenger Safety Coordinators

Organization	Contact	Phone/Fax
Alameda County Health Department 1850 Fairway Drive San Leandro, CA 94577	Barbara Cheatham	(510) 618-2048 P (510) 618-2099 F
Alpine County Health Department P.O. Box 548 Markleeville, CA 96120	No CPS Coordinator/program - refers clients to El Dorado County Health Department.	(530) 694-2146 P (530) 694-2770 F
Amador County Health Department 1003 Broadway, Suite 203 Jackson, CA 95642	Nancy Joyner	(209) 223-6407 P (209) 223-1562 F
City of Berkeley Health Department 2344 Sixth Street, 1 st Floor Berkeley, CA 94710	Dina Quan	(510) 665-6806 P (510) 644-6494 F
Butte County Health Department 2430 Bird Street Oroville, CA 95965	Ann Dickman	(530) 538-7830 P (530) 538-7297 F
Calaveras County Health Department 891 Mountain Ranch Road San Andreas, CA 95249	Carol Johnson	(209) 754-6460 P (209) 754-6459 F
Colusa County Health Department 251 East Webster Street, PO Box 610 Colusa, CA 95932	Chantel Stilwell	(530) 458-0380 P (530) 458-4136 F
Contra Costa County Health Department 597 Center Avenue, Suite 115 Martinez, CA 94553	Nancy Baer	(925) 313-6837 P (925) 313-6840 F
Del Norte County Health Department 880 Northcrest Drive Crescent City, CA 95531-2313	Linda Schutz	(707) 464-3191 P (707) 465-6701 F
El Dorado County Health Department 2092 Lake Tahoe Blvd., Suite 100 South Lake Tahoe, CA 96150	Ella Gibbons	(530) 573-3383 P (530) 544-1332 F
Fresno County Health Department 1221 Fulton Mall, 4 th Floor Fresno, CA 93721	Pouran Sohrabi	(559) 445-3281 P (559) 445-3405 F
Glenn County Health Department 240 North Villa Avenue Willows, CA 95988	Nadine Veit	(530) 934-6588 P (530) 934-6463 F
Humboldt County Health Department 529 I Street Eureka, CA 95501	Jan Ostrom	(707) 268-2148 P (707) 445-6097 F

Organization	Contact	Phone/Fax
Imperial County Health Department 935 Broadway El Centro, CA 92243	John Pritting	(760) 482-4468 P (760) 482-4519 F
Inyo County Department of Education 164 Grandview Drive Bishop, CA 93514	Lori Robles	(760) 873-5123 P (760) 873-5017 F
Kern County Health Department 1700 Flower Street Bakersfield, CA 93305	Mariel Mehdipour	(661) 868-0378 P (661) 868-0263 F
Kings County Health Department 330 Campus Drive Hanford, CA 93221	Kathy Mittleider	(559) 582-3211 ext. 2577 P (559) 582-8388 F
Lake County Health Department 922 Bevins Court Lakeport, CA 95453	Julie Franson	(707) 263-1090 P (707) 262-4280 F
Lassen County Office of Education 336 Alexander Avenue Susanville, CA 96130	Barbara Malone	(530) 257-9781 P (530) 257-2407 F
City of Long Beach Health Department 425 Atlantic Avenue Long Beach, CA 90802	Rosa Medina	(562) 570-8710 P (562) 570-1016 F
Los Angeles County Health Department 3530 Wilshire Blvd., 8 th Floor Los Angeles, CA 90010	Voncille McKinney	(213) 351-7888 P (213) 351-2713 F
Madera County Health Department 14215 Road 28 Madera, CA 93638	Natalie Hernandez	(559) 675-7864 P (559) 675-7867 F
Marin County Health Department 555 Northgate Drive, Suite B San Rafael, CA 94903	Sue Severin	(415) 507-2564 P (415) 499-6266 F
Mariposa County Health Department 4988 11 th Street, P.O. Box 5 Mariposa, CA 95338	Marna Klinkhammer	(209) 966-3689 P (209) 966-4929 F
Mendocino County Health Department 890 North Bush Street Ukiah, CA 95482	Jane Piper	(707) 463-4133 P (707) 463-4138 F
Merced County Health Department 260 East 15 th Street Merced, CA 95340	Frances Pineda	(209) 381-1136 P (209) 381-1173 F
Modoc County Health Department 441 North Main Street Alturas, CA 96101-3457	Linda Nelson	(530) 233-6311 P (530) 233-5754 F
Mono County Health Department P.O. Box 3329 Mammoth Lakes, CA 93546	Debbie Estrin	(760) 924-5410 P (760) 924-5467 F

Organization	Contact	Phone/Fax
Monterey County Health Department 1200 Aguajito Road, Suite 103 Monterey, CA 93940	Maria Jennings	(831) 647-7949 P (831) 647-7942 F
Napa County Health Department 2344 Old Sonoma Road, Building G Napa, CA 94559	Terry Holybee	(707) 259-8192 P (707) 253-2735 F
Nevada County Health Department 10433 Willow Valley Road, Suite B Nevada City, CA 95959	Mary Graebner	(530) 265-7269 P (530) 265-1426 F
Orange County Health Department P.O. Box 355, Building 62-B Santa Ana, CA 92701	Ana Merk	(714) 834-5889 P (714) 834-3492 F
City of Pasadena Health Department 1845 North Fair Oaks Drive, 2 nd Floor Pasadena, CA 91103	Mim Coombs-Ellison	(626) 744-6125 P (626) 744-6106 F
Placer County Health Department 11484 B Avenue Auburn, CA 95603	Alicia Kelley	(530) 889-7667 P (530) 886-2945 F
Plumas County Health Department P.O. Box 3140 Quincy, CA 95971	Barbara Biddle	(530) 283-6456 P (530) 283-6425 F
Riverside County Health Department 4065 County Circle Drive, Room 212 Riverside, CA 92513	Kristin Goffman	(909) 358-5029 P (909) 358-6696 F
Sacramento County Health Department 9719 Lincoln Village Drive, Suite 300A Sacramento, CA 95827	Cynthia Johnston	(916) 875-5869 P (916) 875-6001 F
San Benito County Health Department 1111 San Felipe Road, Suite 102 Hollister, CA 95023	Suzi Deeb	(831) 636-4011 P (831) 636-4037 F
San Bernardino County Health Department 505 North Arrowhead Street, Suite 211 San Bernardino, CA 92415-0048	Bernice Chapman	(909) 388-5663 P (909) 388-5685 F
San Diego County Health Department 6255 Mission Gorge Road San Diego, CA 92120	Adrienne Collins Yancey	(619) 641-5028 P (619) 285-6520 F
San Francisco County Health Department 1390 Market Street, Suite 230 San Francisco, CA 94102	Harriet Lem	(415) 554-8930 P (415) 554-8938 F
San Joaquin County Health Department 1601 East Hazelton Avenue Stockton, CA 95205	Veronica Pehl	(209) 468-9568 P (209) 468-8935 F

Organization	Contact	Phone/Fax
San Luis Obispo County Health Department P.O. Box 813 Atascadero, CA 93423	Barbara Baranek	(805) 461-6057 P (805) 461-6055 F
San Mateo County Health Department 225 West 37 th Avenue San Mateo, CA 94403	Patrice Christensen	(650) 573-3728 P (650) 573-2029 F
Santa Barbara County Health Department 300 North San Antonio Road Santa Barbara, CA 93110-1316	Carol Powers	(805) 681-4911 P (805) 681-5142 F
Santa Clara County Health Department 645 South Bascom Avenue San Jose, CA 95128	Kathryn Ball	(408) 793-2006 P (408) 885-7012 F
Santa Cruz County Health Department 1060 Emeline Avenue, P.O. Box 962 Santa Cruz, CA 95061	Katie LeBaron	(831) 454-5477 P (831) 454-5049 F
Shasta County Health Department 2660 Breslauer Way Redding, CA 96001	Jeff Mushkin	(530) 245-6858 P (530) 225-5433 F
Sierra County Health Department P.O. Box 7 Loyalton, CA 96118	Donna Metzler	(530) 993-6704 P (530) 993-6790 F
Siskiyou County Health Department 806 South Main Street Yreka, CA 96097	Leanne Brown	(530) 841-4050 P (530) 841-4076 F
Solano County Health Department 355 Tuolumne Street, MS 20-210 Vallejo, CA 94590	Tracy Nachand	(707) 553-5543 P (707) 553-5037 F
Sonoma County Health Department 3273 Airway Drive, Suite C Santa Rosa, CA 95403	Lynn Walton	(707) 565-6680 P (707) 565-6619 F
Stanislaus County Health Department 830 Scenic Drive Modesto, CA 95350	Anne Stokman	(209) 558-5657 P (209) 558-7538 F
Sutter County Health Department 1445 Circle Drive Yuba City, CA 95993	Narinder Dhaliwal	(530) 822-7215 P (530) 822-7223 F
Tehama County Department of Education 818 Main Street Red Bluff, CA 96080	Amy Schutter	(530) 528-7357 P (530) 529-4120 F
Human Response Network 113 Mountain View Street Weaverville, CA 96093	Cassondra Burch	(530) 623-2024 P (530) 623-6343 F

Organization	Contact	Phone/Fax
Tulare County Health Department 132 North Valley Oaks Drive Visalia, CA 93292	Sara Barajas	(559) 733-6123 ext. 212 P (559) 730-9902 F
Tuolumne County Health Department 20111 Cedar Road North Sonora, CA 95370	Eddy Warzee	(209) 533-7413 P (209) 533-7406 F
Ventura County Health Department 2323 Knoll Drive, Suite 304 Ventura, CA 93004	Selfa Saucedo	(805) 677-5231 P (805) 677-5221 F
Yolo County Health Department 10 Cottonwood Street Woodland, CA 95695-2515	Jaime Ordonez	(530) 666-8983 P (530) 666-8674 F
Yuba County Health Department 6000 Lindhurst Avenue, Suite 601B Marysville, CA 95901	Jeavan Dhesi	(530) 741-6366 P (530) 741-6397 F

California's Child Passenger Safety Network

Organization	Contact	Phone/Fax
Buckle Up San Diego 3956 30 th Street San Diego, CA 92104	Louise Nichols	(619) 692-0178 P (619) 692-0167 F
Buckle Up Baby Roseville Fire Department 401 Oak Street, # 402 Roseville, CA 95678	Cathy Morris	(916) 772-6300 P (916) 772-6353 F
National SAFE KIDS Campaign 1301 Pennsylvania Avenue, NW #1000 Washington, DC 20004	Kerry Fernandez	(202) 662-0600 P (202) 393-2072 F

Educational Materials for Child Passenger Safety Available from SafetyBeltSafe U.S.A.

All SafetyBeltSafe U.S.A. materials include the date they were most recently revised; many are updated every few months. It is important to check that materials are current before reproducing them. If a document is also available in Spanish, Item # is followed by "s."

Resources for Advocates and Professionals

Item #	Date	Title	Description
58a	1-4-02	Air Bags: Helping Parents Make Tough Choices	Explains why air bags are dangerous to children; how to safely restrain a forward-facing child in the front seat, if necessary
75	10-31-01	Quick Checklist for Safety Seat Misuse	A partial list to help parents and law enforcement officers identify obvious misuse
173	12-19-01	Automobile Restraints for Children with Special Needs: Quick Reference List	List of products and manufacturers
623	10-14-01	Criteria for Group Purchase of Child Restraints	List of recommended features for ordering safety seats, writing bids
634, 634s	5-23-01	Try the 5-Step Test Today	Form for booster demonstrations using the 5-Step Test; not for checkups
639	1-7-02	Selecting and Demonstrating Booster Seats for Media and Public Awareness Campaigns	Useful for interviews, press conferences, newsletter articles about boosters

Handouts for Parents

Item #	Date	Title	Description
15, 15s	2-25-01	Recycled Car Seats	Explains why car seats should not purchased at garage sales or thrift shops
606	4-12-01	Shoulder Belt Positioning Devices	Explains lack of federal standards, possible dangers, alternative products
621, 621s	8-28-01	Does My Child Need a Booster Seat?	Explains why boosters are important
624, 624s	10-17-01	Which safety seat is "the best" for my child?	Explains how to select restraint to fit child
626, 626s	10-17-01	Selected Convertible Safety Seats	List of safety seats with 5-point harness that fit from birth to at least 30 lbs.
627, 627s	8-31-01	How to Choose a Booster Seat and List of Booster Seats	Includes manufacturer contact information, list of special products for lap-only belts
629, 629s	8-31-01	Selecting the Appropriate Safety Seat for Your Child	Chart for restraint selection
630, 630s	1-16-02	"Boosters Are For Big Kids" (5-Step Test)	Explains how to determine if a child is big enough to use a vehicle belt
633, 633s	4-28-01	Why must babies under one year of age ride facing the back of the car?	Explains risk of severe spinal injury
635, 635s	6-29-01	"But my child won't stay in the car seat!"	Helpful hints for parents

Laws, Regulations, Violator Education

Item #	Date	Title
516	11-3-01	"Family Safety in the Car" violator education program History of the program and how it works
519	2-3-02	"Family Safety in the Car" violator education program Information for California public health departments
520	12-5-01	"Family Safety in the Car" violator education program Statistical data
522	12-5-01	"Family Safety in the Car" violator education program Description of the program
622	5-29-00	Summary of Changes in Federal Regulations for LATCH
637	10-12-01	Guidelines for Developing a Comprehensive Child Passenger Safety Law

California Child Passenger Safety Law

Item #	Date	Title
6p, 6ps	2-7-02	California Buckle-Up Laws for Parents
6	2-10-02	Summary of California Occupant Protection Laws
525	9-23-01	2002 California Child Restraint Law: Responsibilities of Health Departments and the Courts
632	9-24-01	2001-2002 Changes in California Child Restraint Law
636, 636s	12-12-01	2002 California Child Restraint Law: Guidelines for Educators and Law Enforcement

2-11-02

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 310/222-6860, 800/745-SAFE (English) 310/222-6862, 800/747-SANO
 (Spanish)

Buckle Your Seat Belts

Do you know what happens in the first fatal second after a car going 55 mph hits a solid object?

1. In the first 10th of the second, the front bumper and grille collapse.
2. The second 10th finds the hood crumbling, rising and striking the windshield as the spinning rear wheels lift from the ground. Simultaneously, fenders begin wrapping themselves around the solid object. Although the car's frame has been halted, the rest of the car is still going 55 mph. Instinct causes the driver to stiffen his legs against the crash, and they snap at the knee joint.
3. During the third 10th of the second, the steering wheel starts to disintegrate and the steering column aims for the driver's chest.
4. The fourth 10th of the second finds two feet of the car's front end wrecked, while the rear end still moves at 35 mph. The driver's body is still traveling at 55 mph.
5. In the fifth 10th of the second, the driver is impaled on the steering column and blood rushes into his lungs.
6. The sixth 10th of the second, the impact has built up to the point that the driver's feet are ripped out of tightly laced shoes. The brake pedal breaks off. The car frame buckles in the middle. The driver's head smashes into the windshield as the rear wheels, still spinning, fall back to earth.
7. In the seventh 10th of the second, hinges rip loose, doors fly open and the seats break free, striking the driver from behind.
8. The seat striking the driver does not bother him because he is already dead. The last three-tenths of the second mean nothing to the driver.

Georgia Paramedics Against Drunk Drivers

Shoulder Belt Positioning Devices: Cautions and Recommendations

The National Highway Traffic Safety Administration has conducted tests on three of these products, which are not regulated by any safety standard. Many similar products were not included in the tests. In addition, the manufacturers of the products tested are not obligated to revise their products or include warnings to the public based on concerns raised by test results. SafetyBeltSafe U.S.A. has requested that NHTSA adopt standards for after-market products used with child restraints and vehicle safety belts, none of which are covered by existing regulations.

Excerpts from "Evaluation of Devices to Improve Shoulder Belt Fit," based on tests conducted by the National Highway Traffic Safety Administration, published in August, 1996:

The apparent leading motivation behind the development of these types of devices is to improve lap/shoulder belt fit... [but] the performance of the vehicle's restraint system should not be detrimentally affected by the use of such a device. All of the devices evaluated in this study produced some degradation in the performance of the lap/shoulder belt system... With the increase in belt comfort due to OEM [vehicle] equipment, it is anticipated that the need for after market belt fit devices will decrease.

After discussing the test results with several safety experts, SafetyBeltSafe makes the following recommendations:

1. Do not use any of these devices for children, who should use a belt-positioning booster to improve the positioning of the lap/shoulder belt and the fit of the vehicle seat.
2. For short adults and children too big to fit in a booster, check the vehicle owner's manual to find out if the shoulder belt has a movable shoulder belt anchor.
3. Try special products or homemade remedies to improve comfort without changing the position of the belt. Examples: wrap a protective sleeve made of soft fabric around the part of the shoulder belt that touches the neck; use the collar of the occupant's shirt or dress to keep the shoulder belt from scraping the neck; keep a small, soft towel in the car which can be used by passengers as needed.
4. Use belt-positioning features built into the vehicle or included with the booster seat. Check the vehicle owner's manual to find out if the shoulder belt can be adjusted where it comes out of the side pillar or with a clip attached to the vehicle seat. Most booster seats have a "comfort clip" attached to the side of the seat or, if the booster is backless, at the end of a strap connected to the base. Remember that the purpose of a belt-positioning device is just to improve comfort, not to prevent neck injuries. Make sure that:
 - ◆ The positioning device is made of fabric or plastic, to prevent possible injury from bent or broken parts during a crash.
 - ◆ The device is connected only to the shoulder belt, not to the lap belt. Otherwise, the lap belt could be pulled upward, possibly resulting in abdominal injury.
 - ◆ Minimal slack is added to the shoulder portion of the belt.
 - ◆ The belt is not placed near the top of the arm, allowing upper body to be thrust out of the belt.

The complete report is available to the public from the National Technical Information Service, Springfield, Virginia 22161.

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Child Safety Seat Check-Up Guidelines

History and Purpose of Check Ups

SafetyBeltSafe U.S.A. began the idea of conducting check ups in the early 1980's to assist parents in determining the appropriate seat to purchase. In the late 1980's and early 1990's, the focus of check ups became an opportunity for hands-on training for child passenger safety advocates. Ultimately, check ups provide parents and the public, child passenger safety education and assistance in installing safety seats correctly.

Check Up Team:

A check up team consists of at least one Senior Checker, a group of Checkers, Recorders and Runners (if possible) and the Registration Coordinator. Determine the number of Checkers, Recorders or Runners needed based on the number of people you expect to attend the check up. Larger numbers of Checkers and Recorders, increase the number of check up stations you can have and decreases the amount of time families need to wait to get their safety seat checked.

1. Senior Checker

At least one Senior Checker is required for a check up. The Senior Checker should be a National Highway Traffic Safety Administration (NHTSA)-certified Child Passenger Safety Technician/Instructor and is the person who has the most training and/or experience installing and inspecting safety seats. The Senior Checker should always be available to all other team members; therefore, the Senior Checker should not conduct individual checks.

Roles and Responsibilities of the Senior Checker:

- ① Supervise checker teams to ensure checks are completed accurately and ensure child safety seats are installed and used correctly. **Senior Checker does final brief inspection of every vehicle and check up form before signing off on each form.**
- ① Assist checkers as needed on "gray issues" or difficult situations and help checkers share appropriate information with parents.
- ① When several options exist, explain "gray issues" and "best practices" to parents to enable them to make their own, informed choices about how best to transport their child(ren) safely.
- ① Make final determination of whether seat/booster should be donated if family is in need.

2. Checker

Each Checker must be a NHTSA-certified Technician or otherwise qualified to install safety seats as determined by the Senior Checker.

Roles and responsibilities of the Checker:

- ① Take primary responsibility for inspection of safety seats and proper seat belt use of older children.
- ① Follow checklist form and allow time for recorder to complete the form. (DO NOT RUSH!! LONG LINES, ANXIOUS PARENTS, IMPATIENT CHILDREN ARE NO EXCUSE FOR RUSHING THE PROCESS.) We do not want to miss anything... a child's life can be at stake.
- ① Instruct parents/caregivers on how to install seats and secure child.
- ① Assign tasks to Recorder or Runner as necessary. (i.e.: looking up seat on recall list, getting instructions for a particular seat if the parent/caregiver does not have it, getting supplies or extra handouts).
- ① Consult with Senior Checker on "gray issues" or difficult situations.
- ① Consult with Senior Checker before offering a new seat.
- ① Consult with Senior Checker for final review of each seat.
- ① Answer the parent's child passenger safety questions.

3. Recorder or Scribe

Recorder positions do not require special training but offer those new to the child passenger safety field an opportunity to gain more experience before becoming a Checker.

Roles and Responsibilities of Recorder or Scribe:

- ① Responsible for reading (out loud) the appropriate sections of the check up checklist form to the Checker and document the response. Ensure that the form is completely filled in.
- ① Locate instructions for safety seats or vehicle owners' manuals when necessary and re-file the instructions.
- ① Ensure parents/caregivers have received brochures/information packets on child passenger safety, airbags, or any special appropriate information. (i.e.: E-Z-ON material for larger child, when no shoulder belts, special needs, etc.)
- ① Bring new safety seats to vehicles (if needed).
- ① Ensure child(ren) receive coloring book or stickers if appropriate.
- ① Instruct driver how/where to exit and CALL "CAR MOVING" before the vehicle exits.

4. Check in/Registration Coordinator:

- ① Welcome families, explain process, and ask participant to complete the first part of check up form per seat/seating position/child.
- ① Give parents child passenger safety information packet.
- ① Assign vehicle numbers. Explain wait time to parents.
- ① Provide additional resources to parents (e.g., future check ups, contact information for Technicians or Instructors or specifically requested materials)
- ① Collect completed check up forms, safety seat registration forms, etc. from Recorders or Checkers.

5. Traffic Flow Coordinators:

- ① Responsible for moving vehicles safely in and out of designated area.
- ① Ensure all occupants are buckled up when moving from the waiting line to the check up area and when exiting. **NO CHILDREN TO BE HELD ON LAPS OR UNBELTED IN SEATS! NO EXCEPTIONS!!!**

CHECK UP TEAM PROCEDURES DAY OF EVENT

1. Please arrive on time or early. All members of the Check Up Team assist in setting up the check up event. The check up stations are set up, each of the check up bins are checked for materials and set out at each station, the registration table is set up with informational packets, clip boards and other items from the list.
2. The Senior Checker conducts an orientation to cover procedures and any other important information.
3. Wear comfortable clothing to climb in and out of cars to install seats (e.g., loosely fitting clothes, with knees covered and closed-toe shoes). Don't wear jewelry such as rings, necklaces, dangling earrings, bracelets or watches. These could cause a hazard as you are installing seats. Also, pull back long hair to avoid it from being caught up in the seats and belts.
4. **WORK IN TEAMS ONLY!** No solo checkers. Team has at least: one trained Checker and one Recorder.
5. **SAFETY IS THE PRIMARY CONCERN!** Follow traffic flow guidelines and call out 'CAR MOVING' as vehicles move. Ask parents to keep hands on their own children. **ABSOLUTELY NO CHILDREN TO BE LEFT UNATTENDED OR PLAYING LOOSE ON THE FRONT SEAT OF VEHICLE, ESPECIALLY DRIVER'S SEAT. NO EXCEPTIONS!!!**
6. Ask the driver to put the vehicle in PARK, use the emergency brake, and turn the vehicle off.
7. Every family gets the complete child passenger safety information packet. At registration, ask parents if they need additional information (e.g., E-Z-On product materials, special needs resources, pregnant mother or newborn handouts, tether flier, manufacturer's phone numbers, coloring books or stickers, seat recall information).

Check Up Forms

8. Use good documentation and make sure the technician is identified.
9. Complete a check up form for each child/seat **AS IS** (as they come into the check up) before children get out of the vehicle. Follow the check up form, filling in all appropriate spots. Mark all boxes in the correct section. The Senior Checker will ensure that **ALL** corrections are made when they come to check the seat.

10. Check the recall list for every seat!!! At the bottom of each manufacturer listing, seats not recalled are listed. Double check. Explain recall to parent from recall list. If it is a "fix-it" recall and the parent hasn't fixed it yet, write down the seat recall details including the seat's model number, and date of manufacture, along with the manufacturer's phone number from the recall list for the parent so they can call the manufacturer about the recall (e.g., get replacement part, etc.). If it is a "serious" recall (which cannot be fixed) and a seat is available for the parent to purchase, ask the parent if they would like us to destroy the seat for them or mark it "Dangerous" and use for teaching purposes.

Recall information can be found on SafetyBeltSafe U.S.A. website - www.carseat.org.

11. If the parent refuses to make any recommended changes (e.g., turn baby rear-facing) advised by the Checker, document it in the appropriate section on the check up form and, if possible, have the parent sign or initial.
12. Write down on the check up form all verbal information provided to the parent (e.g., remove extra padding, rear-view mirror, belt-positioner). Be sure to note any other education or special instructions provided (e.g., removal of projectiles in vehicle).
DOCUMENT DOCUMENT DOCUMENT DOCUMENT DOCUMENT.
13. Have parent fill out a check up form for each child under age 13. Young children who should be in boosters but are in seat belts are ERRORS. DOCUMENT DOCUMENT DOCUMENT DOCUMENT DOCUMENT.
14. List materials given to the parent on the check up form (e.g., info packet, E-Z- On materials, noodle towel, locking clip).
15. Include the following information on the check up form: every team member's name and the initials of the Senior Checker; additional paperwork (registration card, defect form) is with the check up form; that multiple forms are used for a family who has more than one child. Checker should double check the form to make sure the Recorder has checked and documented everything and all boxes are filled in.
DOUBLE CHECK EVERYTHING BEFORE CALLING THE SENIOR CHECKER.

16. Put completed forms in the designated place at the Registration table.

Installation

17. USE the MANUFACTURER'S INSTRUCTIONS to install the seat!! Ask parent if they have the instructions (they could be under the safety seat cushion, on the back of the seat, under the seat). Recommend that the parent make a copy of the instructions and keep one in a file at home and one in a plastic bag with the seat.

18. If you cannot distinguish the type of child restraint that is in use, ask the Senior Checker for help identifying the manufacturers name, model number and date. This must be documented on the form.
19. If a locking clip is needed for installation, look for and use the locking clip that came with the safety seat (if available). On infant-only seats, locking clips are usually under the seat itself so you must remove it from the base. Be sure to have extra locking clips for parents if they are unable to locate the one that came with the seat. It is also important to have a supply of belt shortening clips available.
20. Check for a loose or hanging harness on the back of Evenflo Discovery, On My Way, Graco infant-only seats. Explain to parents why they must check this item regularly. If you find a hanging harness, have the parent fill out and sign the defect form (found in bins). Offer to mail in the form for them. Include the defect form with the check up form. **DOCUMENT!**
21. If the family needs a new safety seat and cannot afford to purchase one, check with the Senior Checker before offering or getting a new seat. Accept donations from families who cannot afford a new seat. Explain that the money families pay for seats allows your program to continue providing child passenger safety resources and services.
22. If the family gets a new seat at the check up (either from store or from car seat check) request that they complete the registration card and offer to mail it in for them. Put the completed registration card with their completed checkup form. Be sure to give all of the seat manufacturer parts and information to the parents prior to installation.
23. If a child is difficult (e.g., hitting, screaming, etc.) ask the parent to take control of the child. Allow them some time to do this; offer a distraction, like a coloring book or stickers, etc. You do NOT have to continue. If a parent is difficult, keep calm! Remember we are trying to have children leaving safer than when they arrived. If you cannot continue or the parent or child is abusive, call the Senior Checker for assistance.

ASK QUESTIONS! It could make a difference in saving a life!

Thank you for your dedication and hard work. Children's lives are being saved because of you!

CHECK UP SUPPLIES NEEDED:**IN BINS PER TEAM:**

Recall list
 Defect forms
 Locking Clip
 Pens (black ink)
 Scissors
 Post-It Notes
 Non-skid, rubber gripper
 Sanitary hand cleaner
 Marker/Highlighter
 Self-addressed envelopes
 Stickers, coloring books

Set-Up Items

Traffic cones to direct traffic
 Check up sign announcing the event
 Caution tape

Optional Items:

Hemostats (holds seat belts/threads harness)
 Large, heavy-duty binder clips (holds belts)
 Cutters
 Tents for check up stations
 Bubbles
 Crayons

AT REGISTRATION TABLE

Manufacturer's Instructions
 Tether manual (for reference)
 Child Passenger Safety Information
 Packets
 Additional Resources:
 Child passenger safety for
 pregnant women
 E-Z-On product education and
 ordering info
 Pool Noodles
 Towels
 Masking tape
 Flashlights
 First aid kit
 Tools: screwdrivers, hammer, pliers
 Markers
 Pens
 Rubber bands
 Water, sodas
 Name badges
 Clipboards
 Check-Up forms
 Stapler
 Belt-shortening clips
 Temporary retainer clips
 Vehicle numbers

Adapted from San Diego Child Safety Seat Check Up Procedures and Guidelines written by Buckle Up San Diego
 Safely on the Move training: Checkup: Safety Seat Check up Guidelines

Appendix E

Project Terminology

Term	Definition
Air bag	A bag that deploys, typically from the steering wheel or dashboard, during a crash to act as a protection for the occupant.
Baseline data	Data collected prior to the implementation of the project.
Belt path or route	The specified location of the seat belt to attach the child restraint.
Belt positioning booster	A base with or without a back, which raises the child in the car and helps position the lap/shoulder belt.
Booster seat with a shield	A booster base with a plastic shield across the child's abdomen. Designed for use by children too large for a regular car seat riding in vehicles. Not recommended currently due to changes in federal safety standards
Child restraint	A general term for any device, including a car seat, car bed, or harness that is specially designed to protect a child in a motor vehicle during a crash.
Coalition	An organized group of individuals and representatives of agencies working toward a common goal.
Compliance tests	Tests done by NHTSA to ensure that federal standards are met by manufacturers.
Control group (also called comparison community)	A community or group of persons not participating in the project and used as a comparison for project results. The comparison community should be as similar to the project community as possible (i.e., population, ethnic composition, economy, education, rural/non-rural/suburb/metropolitan).
Convertible seat	A combination infant- and toddler-type child restraint, used rear- and forward-facing, to be used by children birth through about 40 pounds.
Data	Refers to facts, figures, or information.
Data analysis	The process of breaking down, calculating, and comparing the data and information collected for the project.
Demographics	The breakdown of a group by age, ethnicity, gender, income, or other descriptive factors.
E-code	Refers to a method of hospital coding used by some medical records departments. This type of coding utilizes special codes to provide information about how an injury occurred (e.g., pedestrian injury) and not just what injury the patient suffered (e.g., head injury).
Evaluation	The general term for the process of determining if a project was successful or reached its stated objectives. It involves comparing and analyzing data and information that has been collected before, during, and after the implementation of an injury prevention project.

Term	Definition
Experimental group (or project group)	The group or community of persons expected to participate in the project.
Federal Motor Vehicle Safety Standard (or FMVSS) 213	Federal Motor Vehicle Safety Standard which applies to child restraints for children less than 50 pounds.
Five-point harness	Harness on a child restraint with five attachment points: two at the shoulders, two at the hips, and one between the legs.
Goal	Broad, general statements about the long-term changes a project is designed to achieve.
Heavy duty (belt-shortening) clip	Same shape as regular locking clip, but made of stronger metal. May be used to shorten a lap-only belt, which does not lock; also may be used as a regular locking clip. Provided by some vehicle manufacturers.
Impact evaluation	Evaluation which analyzes long-term changes.
Incompatibility	Ways in which motor vehicle design, seat belts, and other elements prevent the correct use of child restraints, and vice-versa.
Infant seat	A rear-facing type child restraint designed for children less than 20-22 pounds.
Intervention (also called strategies)	Refers to a prevention project, or methods for achieving prevention objectives that are implemented in a community.
Knowledge, Attitude, and Behavior (or Practices) Survey (also called KAB)	A method of collecting data and information using a questionnaire to be completed by the person being surveyed. A KAB survey will typically include questions about the person's understanding of the subject (e.g., car seats and motor vehicle safety), attitudes about the subject (e.g., the need for a child to use a car seat), and behaviors related to the subject (e.g., is the child made to use a car seat?).
Lap belt	A seat belt anchored at two points, for use across the occupant's thighs/hips.
Lap/shoulder belt	A seat belt that is anchored at three points and restrains the occupant at the hips and across the chest and shoulder.
Latch plate	The part of the buckle mechanism that slides into the buckle; usually the part that affects the length of the belt.
Morbidity	Nonfatal injuries or illnesses.
Mortality	Fatal injuries or illnesses.
National Highway Traffic Safety Administration (NHTSA)	A federal agency that promotes occupant protection through safety standards, enforcement, research, and local, state, and national programs. It also provides materials and training to community advocates.
Objective	Detail how the program will achieve its goals and how it will measure its success.
Observational survey	A method of collecting data and information by observing people during "real-life" activities. Observations should occur in areas or places where your target population is likely to be seen, and should follow a standard protocol.

Term	Definition
Outcome	Refers to the results, or effects, of the project.
Outcome data	Data collected after the implementation of the project.
Outcome evaluation	A specific type of evaluation that focuses on the longer-term results of the project. Outcome evaluation typically addresses the success of injury prevention and changes in the health status of those associated with the project.
Process	Refers to the project and details related to implementation.
Process evaluation	A specific type of evaluation that focuses on the operational aspects of the project and if or how the operational aspects had an affect on the outcome of the project. This would include issues such as: who was reached by the project or the actual number of car seats or materials development.
Project community (also called experimental group)	The group or community of persons expected to participate in the project.
Retainer clip	A plastic clip, which connects the shoulder straps, required for most car seats; should be adjusted to rest at armpit level.
Shell	The plastic foundation of the child restraint which may be attached or reinforced by a metal frame.
Shoulder strap slots	Slots (as many as three) in the back of the child restraint through which the shoulder straps are routed.
Sliding latchplate	The part of the seat belt that fits into the buckle. This type of seat belt requires the use of a locking clip when used to secure a car seat unless the retractor locks the belt.
"Special needs" products	For children whose physical or behavioral condition may require the use of specially designed car seats. (Although every child has some "special need.")
T-shield	A triangular or t-shaped pad, which is attached to the shoulder straps, fits over the child's abdomen and hips and latches between the legs.
Target population	A clearly defined, specific group of individuals who are to participate in the project intervention.
Telephone survey	A method of collecting data and information by asking predetermined questions to a predetermined telephone audience and using a standardized protocol.
Tether Strap	A strap used in conjunction with the vehicle belts to anchor child restraints to the vehicle body to add extra stability to the installation.
Tray shield	A padded plastic tray that swings down in front of the child; the shield is attached to the shoulder straps and crotch strap.